

MISSOURI

DEPARTMENT OF SOCIAL SERVICES
CHILDREN'S DIVISION



CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA) STATE GRANT

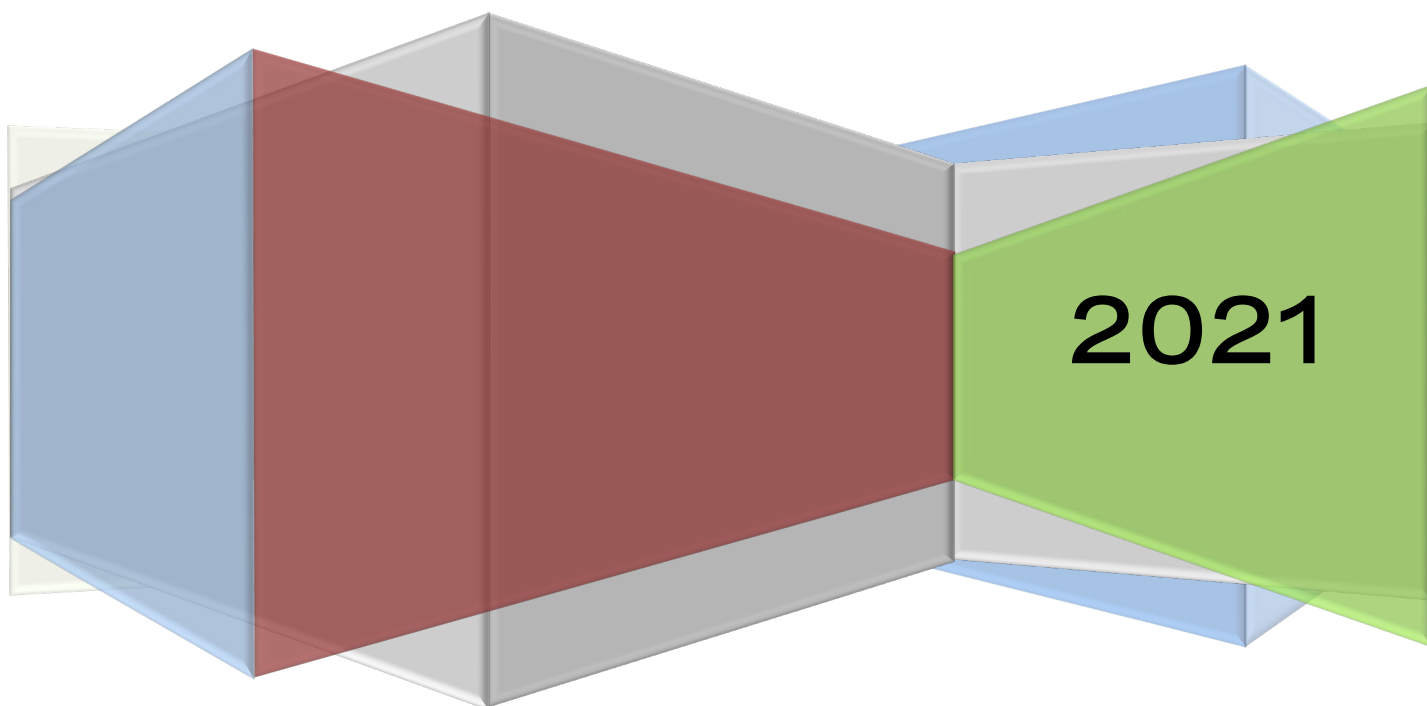


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**CHANGES TO STATE LAW OR REGULATIONS THAT COULD AFFECT THE
STATE'S ELIGIBILITY FOR THE CAPTA STATE GRANT**
SECTION 106(b)(1)(C)(i)

The State of Missouri continues to maintain laws in compliance with the requirements of CAPTA. There were no substantive changes in Missouri laws or regulations during the 2019 legislative session that would affect Missouri's eligibility for the CAPTA state grant.

**DESCRIBE ANY SIGNIFICANT CHANGES FROM THE STATE'S PREVIOUSLY
APPROVED CAPTA PLAN IN HOW THE STATE PROPOSES TO USE FUNDS TO
SUPPORT THE 14 PROGRAM AREAS IN 106(a) OF CAPTA**

No significant changes have been made to the state's previously approved CAPTA plan in how the state proposes to use funds.

ANNUAL SUMMARY OF ACTIVITIES, TRAINING, AND SERVICES
SECTION 108(e)

The following section includes an update on recent activities, trainings, and services supported through the State's CAPTA grant, alone or in combination with other federal funds, in program areas identified in Missouri's previous state plan:

- (1) The intake, assessment, screening, and investigation of reports of child abuse or neglect.
- (2) Creating and improving the use of multidisciplinary teams and improving legal preparation and representation.
- (3) Case management, ongoing case monitoring, and delivery of services to families.
- (4) Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols, including the use of differential response.
- (5) Developing and updating systems of technology that support the program and track reports of child abuse and neglect.
- (6) Developing, strengthening, and facilitating training.
- (7) Improving the skills, qualifications, and availability of individuals providing services to children, families, and supervisors.
- (8) Developing and facilitating training protocols for individuals mandated to report child abuse and neglect.

- (10) Developing and delivering information to improve public education relating to the role and responsibilities of CPS, including the use of differential response.
- (12) Supporting and enhancing interagency collaboration between the child protection system and the juvenile system.
- (13) Supporting and enhancing interagency collaboration among public health agencies, agencies in the CPS system, and agencies carrying out private community-based programs.

(1) Intake, Assessment, Screening, and Investigation of Child Abuse or Neglect

Department of Social Services Initiatives

In 2019, the Department of Social Services formed a Task Force on Child Safety comprised of individuals from multiple state and community child welfare agencies to make recommendations on how to strengthen the collaboration, practice, and policies that assure the safety of children in Missouri. The task force presented a report to the Department of Social Services in September 2019 with specific recommendations on ways to fortify the child welfare system. The recommendations were specific to Children's Division staff trainings as well as multi-disciplinary team member trainings, policy and practice improvements, and increased community collaboration. Many of the recommendations were implemented quickly, such as the reinstatement of a risk assessment tool and policy changes to strengthen practice around identifying safety and risk, safety planning, and documentation. The Department of Social Services identified implementing many of the Task Force's recommendations as a priority for 2020. Therefore, continuing work regarding the recommendations was placed on the Department's list of "Placemat" projects. The Department's "Placemat" publically identifies the project as one of the key goals and priorities for 2020. A team of Children's Division staff was formed and continues to work to prioritize and implement the recommendations in 2020 and early 2021.

In addition, the Department and Children's Division jointly formed a workgroup for Child Abuse and Neglect (CA/N) intake to develop recommendations that provide Missouri's children with safety through improved value in allocation of essential resources and comprehensive decision making. The workgroup convened four times in the fall of 2019 and was made up of Department professionals as well as Children's Division staff familiar to the CA/N intake report process. Between meetings, data was gathered and reviewed, legal analysis was conducted, a pilot of possible solutions for educational neglect was conducted, and contacts with community and state partners were made by team members. The following recommendations were made for consideration in January 2020 and implementation is currently on-going:

- Enhanced Intake-When calls have been reported that do not have a clear allegation but there are several concerning factors, the Risk Assessment Tool is utilized. If the Risk Assessment score is "High", a report is sent to the county office. If the score is "Low" team members consider if calls to multi-disciplinary team members should be made to gather a 'full kit' of information; also team members consider screening the call out instead of alerting it to the county office. A dashboard will be developed to see what outcomes are, based on the Risk Assessment Tool, end with services being needed, child(ren) being removed, or a substantiated finding. Questions asked to the reporter

can then be refined based on data outcomes if needed.

- Educational Neglect-When concerns of Educational Neglect are made, the current process is to look at efforts made by the school and at the number of days of school missed. It was proposed that in addition, staff also evaluate impact to the child(ren) from not attending school when determining if it should be taken as an Educational Neglect report.
- Additional Preventative Service Referral (PSR) Condition-In the Missouri SACWIS system, provide an additional track change option to field team members. There is currently a template that can be used to track change a report to a referral. An additional PSR option would allow more field flexibility.
- Critical Thinking Training-Child Abuse and Neglect Hotline Unit (CANHU) Team Members will receive training focused on critical thinking to compliment their Signs of Safety training and Structured-Decision-Making tools.

Further recommendations for 2020 include:

- Proposed Regulation-Drafting a regulation to support screening out non-serious Physical Abuse, Emotional Abuse, and Neglect reports where the abuse allegedly took place in the past and there is not a current safety concern. This would primarily be used on Assessments. This will further be explored in 2020 and 2021.
- Community Partner Connections-Developing relationships with community partners for a 'warm-handoff' for poverty issues that are not intentional neglect. This would primarily be used on Assessments. This will further be explored in 2020 and 2021.
- FACES Updates-Aligning FACES screens with CANHU intake process. There are several 'workarounds' in place currently. Discussion with FACES enhancement team will be on-going.

Child Abuse/Neglect Review Board (CANRB)

Missouri has an established process in place for alleged perpetrators seeking administrative review of a child abuse/neglect preliminary finding of substantiation by a preponderance of the evidence (POE) by the Children's Division (CD). The alleged perpetrator may initiate an administrative review of the finding by requesting a local review by the Circuit Manager or designee. If CD's preliminary finding is upheld at the local level, the case is referred to the CANRB. The CANRB is an independent panel of nine private citizens from varying professions that are appointed by the Governor and confirmed by the Senate. If the alleged perpetrator does not agree with the board's decision, he/she may seek a de novo review before the Circuit Court. The alleged perpetrator may elect to bypass the local and CANRB administrative review and make a direct request for a de novo review in Circuit Court. CAPTA grant funding continues to support the work of the CANRB.

Child Fatality Review Panel (CFRP)

Missouri's state level Child Fatality Review Panel (CFRP) began a case review process in 2018 of fatalities which occurred as a result of child abuse or neglect beginning with CY14 in response to the Commission to Eliminate Child Abuse and Neglect Fatalities' recommendation

for states to conduct a five-year retrospective review of child fatalities. The sub-committee met at least monthly in 2018 and 2019 to complete the case reviews. The case review team consists of a wide representation of professions, including child welfare, prosecutors, child advocates, medical, law enforcement, child abuse and neglect prevention, and public health. The case review team focused on identifying areas in which various systems could have intervened to prevent the fatality in an effort to make recommendations for policy and legislative change in child welfare.

The CFRP sub-committee case review team examined the deaths of 56 children in CY14 that county Child Fatality Review Panels had determined were due to child abuse or neglect. Of those deaths, 44% were attributed to an unsafe sleep environment. Based on the findings and recommendations, the Department of Social Services issued a press release promoting the CFRP report, “Eliminating Child Abuse and Neglect Fatalities in Missouri” in December of 2019 to bring awareness to the findings of the report as well as educate the community on safe-sleep practices.

This subcommittee continued to meet throughout 2019 and into 2020. The reviews went to a virtual format as to limit time and travel as well as the ability to meet more frequently. The subcommittee is currently finishing up a review of CY15 and hopes to have an additional report to release in June of 2020.

The State Child Fatality Review Panel is currently in the process of defining membership and developing goals and by-laws.

CHILD ABUSE/NEGLECT HOTLINE UNIT (CANHU)

Missouri statute charges the Children’s Division (CD) to operate a single, statewide toll-free telephone number at all times for receiving reports of child abuse and neglect (CA/N). CANHU serves as a gatekeeper and first responder for all child abuse and neglect reports. At the hotline unit, all calls are screened, assessed and classified by Children’s Service Workers, who meet the same job qualifications as CD field investigators. Below is a call chart for SFY13 – SFY19:

Fiscal Year	Total Calls	Admin. Functions	Remaining Calls	Classified CA/N	Classified Non CA/N Referral	Documented Calls
2013	134,619	20,804	113,815	60% (67,691)	16% (18,423)	24% (27,701)
2014	137,620	18,734	118,886	63% (74,883)	16% (18,530)	21% (25,473)
2015	140,158	18,316	121,842	61% (74,713)	16% (19,395)	23% (27,734)
2016	146,558	17,507	129,051	61% (79,232)	17% (21,867)	22% (27,952)
2017	145,325	15,518	129,807	58% (74,879)	18% (23,450)	24% (31,478)

2018	156,831	19,152	137,706	56% (77,735)	17% (23,153)	27% (36,818)
2019	153,155	19,762	133,393	54% (72,418)	18% (23,943)	28% (37,032)

Source: FACES Report for FY13-FY19

Administrative Functions are defined as:

- Requests for prior checks from medical examiners/coroners on child fatalities
- Call-outs to counties after hours
- Questions about CA/N
- Requests for a county office number
- Requests for follow-up on a report the caller made previously
- Requests for another state's hotline number
- Transfer call numbers (from one county to another)

Child Abuse and Neglect Call Management System Technology (CMS)

From FY13-FY17, CANHU primarily used CMS technology to provide real-time call data and management reports. This technology allowed management the opportunity to adjust work schedules for optimum coverage. The chart below provides the percentage of incoming calls answered and the average number of busy signals or busy messages received each month from FY13-FY17.

Calls Answered Table

Year	Total Calls Accepted in FACES	Percent Answered Based on Calls Offered to Hotline Workers	Avg # Busy Signals/ Messages Monthly
2013	134,619	89%	3066
2014	137,620	87%	3965
2015	140,158	86%	5572
2016	146,558	86%	5686
2017	145,325	82% (87% if online reports are included)	6862

Source: Information extracted from the Call Management System, FACES, and Cisco Reports

In 2018, all CANHU locations moved away from an analog phone system and began utilizing Cisco Worldwide Technology. This system provided CANHU with some of the necessary tools

needed to begin addressing barriers in answering all calls. One of the biggest being the Cisco Finesse System. By utilizing this system, CANHU was able to expand its queuing system from one queue to three. This change provided a larger queue size that holds more reporters at one time. An enhanced Interactive Voice Response (IVR) system also allows reporters to go through a series of prompts that triages them into a specific queue, based on their answers. Queue 1 is designated for child reporters and emergencies. Queue 2 holds permissive callers with a non-emergency situation. Queue 3 is utilized by mandated reporters calling in non-emergency information. A call-back feature was added to this queue. This allows a mandated reporter to hold their place in line. When it is their turn, they are automatically called back and able to begin their report at that time. By utilizing three queues, hotline workers are able to handle calls in order emergency or non-emergency, as self-identified by the caller. This system was a major contributor to the extreme decline in busy signals given from FY17 (6862 average per month) to FY18 (899 total).

In 2019, the Child Abuse and Neglect Hotline successfully gave zero busy signals to callers. This is due, in part, to the Cisco System. By utilizing Workforce Management, CANHU was able to offer alternate shifts to team members. This aided in filling in coverage gaps that have historically been difficult to fill. Schedule flexibility also aided in attempting to address retention issues. Another major factor in this accomplishment was an increase in on-line reporting (OSCR).

Year	Total Calls Accepted in FACES	Percent Answered Based on Calls Offered to Hotline Workers	Avg # Busy Signals/ Messages
2018	156,831	71.40%	899
2019	153,155	71.90%	0

Source: CUIR Report for CY18-CY19. *#’s don’t add up to 100% due to calls classified as “short calls” in which the caller disconnects within 5 seconds

Online Reporting:

Due to continued challenges to handle 800# call volume, an online reporting option called OSCR (Online System for Child Abuse/Neglect Reporting) was implemented in November 2016 for mandated reporters to file reports for non-emergency situations. During the initial phase, online reporting was well-received by Missouri mandated reporters as a convenient way to make timely reports. The online option took 980 calls out of the 800# queue during the six weeks of initial operation in November/December 2016. Throughout 2017, the Children’s Division promoted online reporting through social media, outreach at professional conferences, and GovDelivery messaging to mandated reporter groups resulting in 16,309 online reports in CY 2017. The implementation of OSCR has been a timesaver to reporters and CANHU team members because online reports can be processed in half the time as phone reports. This allows hotline staff to take more calls.

Beginning in 2018, members CANHU worked to educate mandated reporters on the OSCR system. This was accomplished via social media and in-person presentations. In 2019, mandated reporters were given the ability to begin reporting emergency situations on-line. Prior to this, only non-emergencies were accepted. CANHU currently has at least one team member per shift designated to handle submitted OSCRS. This ensures information is processed in a

timely manner. At the end of 2019, mandated reporters were also given the option to save up to 5 incomplete on-line reports for 72 hours. This allows them to gather any necessary information prior to submitting.

Year	Total hotlines	OSCR Originated	Percent of OSCRs	CANHU Originated	Percent of CANHU
2017	145,325	16,309	11.2%	129,016	88.8%
2018	154,924	21,457	13.8%	133,467	86.2%
2019	153,155	38,191	24.9%	114,964	75.1%

Source: FACES Report for FY17-FY19

Staff Turnover and Retention/Recruitment:

Several factors impacting turnover at CANHU include the stress of high call volume, lack of variety in work assignments, and a non-traditional work schedule (evening/midnight/weekend/holiday shifts). Primarily, CANHU staff leave to take positions with another agency or transfer to a Children's Division field office in order to work directly with children and families. CANHU staff are dedicated to statewide CA/N intake and are not required to assume investigative responsibilities.

Over the past few years, several retention/recruitment steps have been taken. Since September 2013, temporary hourly staff with previous CANHU experience have been hired/retained to fill coverage gaps while newly hired staff gain experience and speed in taking calls. In 2014, the career ladder was implemented, and in 2017 ten CANHU staff had been retained after their promotion from Children's Service Worker II to Children's Service Worker III. In 2018, a Children's Service Specialist position was introduced. This position works to collect, read, and interpret data collected by the FACES and Cisco systems. This specialist also utilizes Work Force Management. This tool helps forecast needed staffing for peak call times. In 2019, CANHU received two allocations for Children's Service Worker IV's and a Program Manager.

In August 2016, an out-basing plan was implemented, designed to forward overflow 800# calls from the centralized hotline in Jefferson City (Cole County) to designated field offices. For the first time since 1975, CANHU staff began taking calls outside of Jefferson City. Out-basing has allowed CD field staff to transfer to hotline positions at their current work and has provided a larger pool of candidates to fill hotline vacancies. By utilizing Cisco technology, hotline team members can be set up in any location that utilizes a Cisco phone system. As of December 2017, seven hotline workers were out-based in Jackson, Boone, and Greene Counties. The first out-based supervisor was hired from Greene County in October 2017, and in November 2017, four workers from the southwest area of the state transferred to the Greene County hotline unit. There are now eight team members in the Greene County office. In 2018, the Jackson County out-base unit expanded. At this time, there are ten team members. There is one team member in St. Louis County who works from home and one team member in Adair County. There are three team members that work in both the Boone County office and main office in Jefferson City.

In 2019, CANHU implemented a work from home option for more seasoned staff. In the first phase, CANHU received four laptops to share. Two laptops were located in Jefferson City, one laptop was located in Jackson County, and one laptop was located in Greene County. The laptops rotated between workers. Each team member worked two days from home processing OSCRs. In the last quarter of 2019, staff completed a telework form to work from home. At this time, fourteen team members work from home and have their own computer and utilize a soft phone feature. There are an additional six team members that have soft phones and work from home with a shared laptop. CANHU is in the process of ordering more laptops.

In 2019, CANHU started a Trauma/Morale Initiative to help with morale and turnover with the unit. CANHU launched Lunch and Learn sessions and recently started Decompression Groups. Lunch and Learn sessions bring team members together to talk about different topics pertaining to child welfare. This time can also be utilized to discuss new Practice Points/Alerts that have been implemented. CANHU recently began utilizing Decompression Groups to give team members time to talk with coworkers about challenges in taking calls or other topics decided on by the group. CANHU is working towards having an emotional support animal in the unit to help with secondary trauma. At this time, CANHU is looking for trainings that could help with secondary trauma.

Child Abuse and Neglect Hotline Unit Oversight

Peer Record Reviews (PRR) were conducted at CANHU to determine the quality of the screening, assessment, and classification protocols by those manning the phones using a structured-decision-making method. In 2018, Peer Record Reviews were stopped and are no longer utilized by team members. CANHU team members are currently using Collaborative Call Review to assure quality. This process consists of a team members and his/her supervisor listening to a recording of a team member's call. Each person evaluates the call for quality and accuracy in call classification. Once the evaluation is complete, they come together to discuss what went well in the call, any worries, what needs to happen, or ways to improve in the future.

Enhanced Intake Phase 1

Team members will identify a call as qualifying for Enhanced Intake when the following criteria is met:

- Concerns for neglect only (excluding educational neglect);
- Information given by Reporter does not meet criteria for an investigation;
- Reported concerns of chronic situations with minor impact or significant situations with no impact;
- No other risk factors mentioned by Reporter;
- Reporter must be a mandated reporter;
- Collateral contacts must be Multi-Disciplinary Team members.

Once a call is identified as meeting criteria, team members complete the following:

- Complete the Family Risk Assessment tool in FACES;
- Review prior history in FACES;
- Review Missouri Case.net for any other criminal history and may request prior history from another state's CPS if staff deems necessary to make a decision;
- Determine whether to proceed with the call as a full report or make a documented call based on the family's Risk Assessment score and information obtained from prior history.

If a team member is unable to make a determination based on the additional information that is obtained, he or she can initiate a Collaborative Team Review through Cisco Jabber, email or phone. This review is held with other staff in the Enhanced Intake Team Unit. The determination of call classification may be reached during the review. If a collateral contact is recommended by the Enhanced Intake Team, the team member will go forward in initiating contact. A team member may reach out to the person identified by the reporter as having additional information. Contact is only made if a determination on call classification can't be reached. If there are no contacts listed or none can be reached, the team member may reach out to the local Children's Office as a resource to provide information on the family.

(2) Creating and Improving the Use of Multidisciplinary Teams and Improving Legal Preparation and Representation

Child Advocacy Centers (CAC)

A significant portion of CAPTA grant funding was used in combination with Children's Justice Act funds to support Missouri's Child Advocacy Centers (CAC) which improve the processes by which Missouri responds to cases of child abuse and neglect, particularly child sexual abuse or exploitation. CACs are a safe and neutral place where children can go to receive specialized forensic, medical, and therapeutic services necessary to investigate and respond to the effects of physical, sexual, emotional, and psychological trauma caused by abuse. CACs are child-friendly environments where law enforcement, prosecutors, and CD investigators can work together to explore abuse allegations in a manner sensitive to the needs of young victims and their families. The CACs bring together highly trained forensic interviewers and child advocates with multidisciplinary team investigators. This limits trauma to the child and facilitates a more effective investigation. CACs also provide access to full forensic medical examinations by specially trained medical professionals and access to mental health services.

Child Advocacy Centers in Missouri are regionally located and provide services to all of Missouri's counties. Missouri has 15 regional assessment centers with the main offices located in St. Louis (three locations), Kansas City, St. Joseph, Springfield, Joplin, Sedalia, Trenton, Festus, Wentzville, Cape Girardeau, Doniphan, Columbia, Parkville, Osage Beach, and Branson. Satellite offices are also located in Union, Nevada, Pierce City, Butler, St. Robert, Farmington, and Hannibal. In total, CAC services are provided in 22 fully accredited locations around the state.

All CACs in Missouri are accredited by the National Children's Alliance. CACs go through an extensive accreditation process which requires they meet ten areas of criteria for providing services. All CACs are reaccredited every five years. Beginning in January 2017, Missouri's CACs must meet revised standards established by the National Children's Alliance. The new standards require stronger demonstration of the victim advocacy, mental health, medical response and case review areas of accreditation.

According to data collected by Missouri KidsFirst, Missouri's CACs conducted 8,902 forensic interviews in SFY19, compared to 8,282 interviews in SFY18. CACs served 13,128 children in SFY19.

Missouri KidsFirst works with all the CACs coordinating public policy advocacy, providing support, training and technical assistance to each of the regional centers in the state. Missouri KidsFirst has a Board of Directors made up of leaders from across the State representing a

diverse variety of backgrounds. The Board of Directors was developed to promote and support the financial viability of the Missouri Network of Child Advocacy Centers. The Directors of Missouri's 15 regional CACs make up the Missouri Network of Child Advocacy Centers, a program of Missouri KidsFirst and serve as an advisory board.

In the past two decades, Missouri KidsFirst has successfully expanded its work from advocating for CACs to building a child abuse prevention network throughout Missouri. Missouri KidsFirst serves as the state chapter of both the National Children's Alliance and Prevent Child Abuse America. Rooted in the belief that all adults are responsible for the safety and protection of children, the mission of Missouri KidsFirst is to empower adults to protect children from abuse. If children are to be kept safe, adults need to have the knowledge, skills, and understanding required to act on behalf of children who are abused. This work falls into roughly three broad categories: education, advocacy, and prevention.

Missouri KidsFirst empowers adults by providing education. Through professional development for nurses, prosecutors, teachers, clergy, and many others who dedicate some portion of their working lives to children and families, Missouri KidsFirst seeks to ensure professional communities understand best practices for helping children victimized by abuse. Missouri KidsFirst also facilitates communication among professionals who must work together to ensure the safety and welfare of Missouri's children.

Often, empowering adults to protect children means changing the systems developed to protect them and help families. As best practices evolve, so must policies. This is why Missouri KidsFirst helped push for and lead Missouri's Task Force on the Prevention of Child Sexual Abuse and continues to work on implementing recommendations of the task force through legislative advocacy. They also advocate to secure funding for Child Advocacy Centers (CACs) throughout our state.

Missouri KidsFirst coordinates the Missouri Stewards of Children Facilitators Network. This network provides sexual abuse prevention education by utilizing the Darkness to Light's Stewards of Children curriculum. They also organize an annual Pinwheels for Prevention event every April during Child Abuse Prevention month.

Increase Judicial Engagement

Juvenile Courts and Child Welfare Meetings (Supreme Court)

The Children's Division recognizes that child welfare is a multi-disciplinary practice through which the best outcomes are achieved when we effectively collaborate with court partners. To that end, the Children's Division continues to collaborate with the Office of the State Courts Administrator (OSCA) through the Partnership for Child Safety and Wellbeing (PCSW).

Over the last year, the statewide PCSW has continued to convene on a monthly basis. The group has focused efforts on a multi-phase collaboration and training schedule. The group's priorities for the past year have included: 1) planning and executing a leadership conference between all 46 juvenile officers and circuit managers; 2) planning and executing an educational conference for juvenile court judges and commissioners; 3) identification of and training for facilitators within each circuit to assist the circuit in effective collaboration; 4) planning and executing another round of regional convenings, to include a greater number of participants (up to ten) from each site; and 5) ongoing support for court technical assistance (TA) teams. In addition, the group established a sub-group to plan and implement a strategy to address legal representation for parents and children through Title IV-E funding.

Leadership Conference

On November 7-8, 2019, the PCSW hosted a leadership conference for all juvenile officers and circuit managers from each of the 46 circuits. The conference, titled "Leading Together", provided an opportunity for the juvenile officer and circuit manager from each circuit to come together in order to collaborate around child welfare concerns. Juvenile Officers and Circuit Managers participated in leadership training, best practice discussions and identification of goals moving forward. Each team was given data for its circuit, and was asked to discuss the trends and possible strategies for improvement. The circuits were also encouraged to meet regularly to continue to discuss implementation of those strategies.

Juvenile Court Judges/Commissioners Educational Conference

A conference was scheduled for April 17, 2020, to host juvenile court judges and commissioners to provide training specific to several areas of concern. However, due to COVID-19, the conference has been postponed. Once the shelter-in-place orders have been lifted, the PCSW will work to reschedule the conference. Training will include education with regard to the American Bar Association's Judge's Guide to Safety and Framework for Safety, crossover youth initiatives, Family First initiatives and legislative updates.

Facilitator Training

As part of prior discussions surrounding the regional convenings, the leadership conference and the technical assistance teams, the need for experienced facilitators has been identified as a need within each of the circuits, in order to assist teams in identification of areas of concern. Collaboration at the local level is key to successful problem solving and an experienced facilitator is essential in moving teams forward. In Spring 2020, the PCSW will work to identify individuals within each circuit to act as facilitators and to support the local team. Once individuals are identified, the PCSW will plan and host a training to assist the identified individuals in facilitation and best practice.

Regional Court Convenings

A series of regional convenings was held in the fall of 2018. The teams consisted of the judge, juvenile officer, Guardian Ad-Litem (GAL), Children's Division staff and contracted foster care case managers. At each court convening, participants were provided a binder/ toolkit which included information about roles and responsibilities, and information about the Family First Act. The convenings introduced the expectation that each circuit would begin or renew multidisciplinary court partnership efforts. In order to further support collaboration at the local level, the PCSW will host a second series of regional convenings in the summer of 2020. The convenings will include additional participation from local stakeholders, to include up to ten members of the multi-disciplinary team.

Court Technical Assistance (TA) Teams

Staff from the Children's Division and OSCA continue to provide support and regular data dissemination as a basis for each monthly discussion held between the juvenile officer and circuit manager. The Children's Division's data team continues producing quarterly reports for all 46 circuits, to be used as conversation starters, at court partnership meetings. Multiple trainings have been held within the circuits as requested. Several circuits have partnered to obtain training specific to legally sufficient referrals to the juvenile officer by the Children's Division when a request is made to remove a child from the home. Technical assistance has also been provided to assist circuits in electronic filing of documents by the Children's Division. The Children's Division has hired a Court Engagement Coordinator to manage the technical

requests from the circuits and to assist in data distribution, as well as provision of information as to best practices in child welfare.

Jurist-in-Residence (JIR) Work

In addition to the regional convenings, Children's Division has also worked closely with OSCA and Casey Family Programs to assist with the Jurist-in-Residence program. The Jurist-in-Residence program pairs a retired judge (Judge James Welsh) with current members of the juvenile bench for mentoring and problem-solving support. Just as a youth in foster care often takes advice most readily from their peers, and parents involved in the court system will readily turn to other system-involved parents for support, judges too will frequently contact other judges for guidance about best practices and decision-making. The Jurist-in Residence is contracted with OSCA to begin work in at least three counties. Although Children's Division is not a party to the contract, staff will provide ongoing consultation and collaboration to ensure its efficacy. Currently, the JIR program exists in the 7th, 9th, 19th and 34th judicial circuits.

- The 7th judicial circuit has collaborated with Synergy to hire navigators to provide daily contact with parents and children, specific to drug exposed infants in order to keep the child within the home.
- The 9th judicial circuit has collaborated to engage in multi-disciplinary trainings and parent cafes. Parent Cafes have been extremely successful within the circuit. The circuit has further collaborated with the Missouri Extension Office to provide support to parents, children and child welfare workers.
- The 19th judicial circuit has focused on support for drug exposed infants and in-home supports in order for infants to remain within the home. The circuit is working to obtain data as to the success of the interventions provided.
- The 34th judicial circuit has been successful in collaborating with area faith- based communities to provide supports to parents and children. Because of the success in collaboration with the faith- based community, the multi-disciplinary team will begin efforts to meet regularly with the area school partners. In addition, the circuit has begun to recruit for CASA and mentors to support children within the circuit.

Judicial Engagement Team (JET)

Collaboration between courts and child welfare agencies, along with other community stakeholders, has long been recognized as a requirement for the protection and well-being of children. The Children's Division has worked closely with Casey Family Programs Judicial Engagement Teams in Kansas City and Springfield, Missouri. JET is a tenured and highly experienced team that assists courts in using data to inform what needs to be done to achieve the best outcomes for children. These groups have addressed concerns such as Termination of Parental Rights, case backlogs, and reducing the number of youth placed in congregate care settings. JET launched in the St. Louis area and continues to meet to assist in the resolution of concerns.

Staff Competency in Court

The Children's Division recognized the need for an additional Legal Aspect Trainer, and one was added in February 2020. The Children's Division, along with other partners, have identified the need for training of courtroom skills for all circuits in the state. The first round of trainings was scheduled in April 2020 with more continuing until completion in the fall of 2020. These in-person trainings have been postponed due to statewide social distancing requirements due to COVID-19 and will be rescheduled once distancing restrictions have been lifted. At that time, the Legal Aspects trainers will collaborate with the local jurisdiction's attorneys, court personnel and Children's Division staff to schedule and provide the intended trainings.

Multi-Disciplinary Team Training

This training was developed by The Task Force on Child Sexual Abuse Prevention and was based on a statewide survey sent to multi-disciplinary team members (MDTs) to assess their level of functioning. Several of Missouri's MDTs described themselves as "dysfunctional". Based on this self-assessment, an eight (8) hour training was developed called, "The Basics of MDTs". It is a certified eight (8) hour training that also offers CEUs, POST credit, 210 credit for the Children's Division, and other free credit hours for professionals. Those who attend the training include the Children's Division, attorneys, juvenile officers, judges, guardians ad litem, and other community members. The purpose is to bring everyone that would be involved in the local MDT together to address strengths and challenges within their group. The training focuses on the "big picture". The training is set up for group work and to enhance communication within the group. Different topics include:

- Completion of the MDT Assessment Tool
- The Child Advocacy Center Model
- Statutory Compliance
- Case Processing (This is a popular group activity that highlights strengths and weaknesses and how to mitigate weaknesses)
- Identification of Abuse and Neglect (It was found that some LE agencies had very little experience with investigating abuse and neglect. (The team will examine different agencies' definitions and burdens of proof, as well as their goals and objectives.)
- Cursory Statements and Referrals to CACs
- Dynamics of Coercive Control
- MDT Protocol and Functioning as a Team (Group work. Uses case scenarios to create ideas for functioning as a MDT. Participants discuss pros and cons of removing children from their home)
- How to Conduct Case Reviews and ways to improve.

This training is being expanded in 2020 to include Train the Trainer for professionals across the state to assist in strengthening MDTs.

(3) Case Management, Ongoing Case Monitoring, and Delivery of Services to Families

Family-Centered Services (FCS) Ongoing Trainings

The state CAPTA grant will continue to support the Training, Consultation, & Family Meeting Activity Services contract available to Children's Division staff for technical assistance. This contract is accessible on an as-needed basis and provides services reflective of the Family-Centered Practice Model for in-home and out-of-home child welfare services.

Consultation services offered under this contract may include face-to-face consultation, facilitation, technical assistance, mentoring, modeling, and coaching to staff regarding specific families and/or general family practice, either in individual or group session formats.

The contract allows consultants to assist in the Family Support Team Meeting process with the purpose of enhancing the skills of the staff conducting/facilitating family meetings. This may include intact families, families with children at imminent risk of out-of-home placement, and families with children in out-of-home care.

Home Visiting

Home Visiting is an in-home service designed to assist with the prevention of child abuse and neglect by offering additional in-home supports for at-risk families.

The Home Visiting Program is a voluntary program providing assistance to eligible parents whose family income does not exceed 185% of the federal poverty level and are currently pregnant or have a child under the age of three (3) years. The program provides parents various opportunities to gain skills in the areas of child abuse and neglect prevention, early childhood development and education, parenting skill development, and school readiness. The Home Visiting Program also provides parents with hands-on training and educational support groups, developmentally appropriate books and toys for the children, as well as various incentives for the parents to keep them engaged in the program. As the child(ren) age out of the Home Visiting Program, the child(ren) and family are referred to Parents as Teachers or another early learning program to maintain continuity of educational services for the family.

The Home Visiting Program is currently located in eleven (11) regions across the state with eight (8) Partnership Agreements and eleven (11) Competitive Contracts providing Home Visiting Services. In SYF19, there were a total of 1,599 unduplicated families and 1,971 unduplicated children age birth to three (3) years old served.

Home Visiting contractors and partnerships currently utilize either an evidence-based or promising approach model focusing on the areas of child abuse and neglect prevention, early childhood development, parent education, positive brain development, and school readiness. Home Visiting contractors and partnerships are required to serve 70% Children's Division involved families, ensuring that preventing and reducing the risk of child abuse and neglect is the highest priority.

(4) Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols, including the use of differential response

Structured Decision Making Family Risk Assessment Tool (CD-14e)

In 2019, the Task Force on Child Safety was developed by the Missouri Department of Social Services. This group met throughout the spring and summer of 2019. This Task Force was comprised of stakeholders representing law enforcement, prosecuting attorneys, juvenile officers, Office of State Court Administrator (OSCA), State Technical Assistance Team (STAT), Office of the Child Advocate (OCA) and the Children's Division. The primary charge of the group was to address concerns and recommendations related to the Children's Division's practice. The Task Force released a report in September of 2019. The Task Force identified three significant areas for improvement:

- Training
- Investigations and Multi-Disciplinary Teams

- Safety Plans

The Task Force found that Missouri was not using additional risk assessment tools in addition to the Signs of Safety Practice Model. They recommended that the Children's Division re-integrate the Structured Decision Making Family Risk Assessment Tool (14E) into practice until which time a different risk assessment tool was identified or created. The risk assessment identifies families, which have low, moderate, high, or very high probabilities of future abuse or neglect. By completing the risk assessment, the worker obtains an objective appraisal of the likelihood that a family will maltreat their children in the next 18 to 24 months. High risk families have significantly higher rates of subsequent referral and substantiation than low risk families, and are more often involved in serious abuse or neglect incidents.

The purpose of the Family Risk Assessment is for the worker and supervisor to gain a better understanding of the demographics and history of the family to assist in informing the worker of potential risks and areas that might warrant further services. Some questions are clearly objective, while others appear subjective and will warrant further discussion between the worker and supervisor to determine what best fits the situation of the family. The Chief Investigator must also complete the Family Risk Assessment Tool (CD-14E) with the investigator at the 72 hour supervisor consult. The Family Risk Assessment Tool should assist the supervisor and investigator in the collection and analysis of information to determine what key factors are present that increase the likelihood of future maltreatment to a child.

Things to consider when discussing and completing the Family Risk Assessment Tool in relation to the current report:

- How does the family's past history relate to the current report?
- What services have been previously provided to the family?
- Were the services successful in reducing safety concerns?
- How do the biological and developmental ages of the children affect their ability to protect themselves?
- Does the parent/caretaker(s) exhibit protective capacities consistent with the child(ren)'s needs?
- Is there a history of mental health or substance abuse needs within the family?
- Is mental health or substance abuse a current concern within the family? Is there a history of domestic violence within the family?
- Is there a current concern for domestic violence within the family?
- What was the parent/caretaker(s) response to the current report?
- The Family Risk Assessment Tool is a guide to assist staff to make more informed safety decisions about the extent of safety planning that may be required to enhance child safety and decrease risk to children. The Family Risk Assessment Tool (CD14-E) must be completed in FACES as part of the case record by the supervisor. The score calculated from completing the Family Risk Assessment Tool should assist in determining safety and risk to the child and not solely used in decision making on whether to open a case.

Differential Response

Missouri has a two track system when classifying child abuse and neglect reports.

Family assessment and services by the Children's Division which will provide for a prompt assessment of a child who has been reported to the Division as a victim of abuse or neglect and such children's families. The approach evaluates risk of abuse and neglect and, if appropriate, provides community based services to reduce risk and support families.

An investigation is the collection of physical and verbal evidence to determine if a child has been abused or neglected. Law Enforcement is required to be notified.

Differential Response Assessments are assessments that have been determined by the family, worker, and supervisor as needing more intensive work with the family. These are traditionally the assessments that go beyond the 45 day completion requirement. The purpose of determining an assessment a Differential Response Assessment is to provide the family with the needed resources, support, and services to further promote safety and well-being within the family unit during the assessment period.

Differential Response Assessments require consultations between caseworkers and supervisors to evaluate whether families will need services that will exceed 45 days. These consultations should occur before exceeding the 45-day completion requirement. Conversations should determine what services the family needs; how Children's Division can support the family; and resources that could be provided. Supervisor consults should be more frequent in a Differential Response Assessment to continually assess the family throughout the report period. The supervisor consult between the worker and the supervisor that an assessment is going to be track changed to a Differential Response Assessment shall occur and be documented by the 45th day.

Worker Expectations:

Workers are expected to thoroughly document the ongoing assessment of the family, safety, risk, services provided, and case consultations in FACES. Workers may use a running narrative to complete assessment. Supervisor discretion is used to determine the number of home visits and collateral contacts that are needed for each Differential Response Assessment. The number should be based on the needs of the family. This may be one home visit per week or just weekly contact with the family through in-person, phone, collateral, or other types of contacts. Collateral contacts should be meaningful to the family's situation. Proper releases are to be used and workers shall tell parents that someone will be contacting collaterals to obtain additional information as needed.

*Suggested tools could include:

- My Safety House (CD-216)
- Three Houses Tool (CD-217)
- Case Mapping Tool (CD-218)
- Fairy Tool (CD-227)
- Wizard Tool (CD-228)
- Timelines
- Genogram
- Eco-Map
- Culturagram
- Web-based resources

Differential Response Assessments shall be completed within 90 days of the original report date. If more intense services are needed within the 45 day timeframe or thereafter, the case should be referred to Family Centered Services as soon the need is identified.

Signs of Safety®

In partnership with Casey Family Programs, Missouri began implementation of the Signs of Safety child protection practice model in 2014. Signs of Safety was initially developed in Western Australia, and its practice has spread to many jurisdictions across America and throughout the world. This model centers around three core principles: working relationships, fostering a stance of inquiry, and landing grand aspirations in everyday practice. Work within Signs of Safety focuses on identifying the worries, what's working well, and what needs to happen within a family to create and maintain safety for the child. There is a strong focus on family engagement and building partnerships with families as the key to successful intervention.

Jackson County was selected as the initial pilot sight to begin using this practice model throughout all program lines. Implementation began in June 2015. In CY16, a Signs of Safety hub was identified in the other four regions of the state to begin implementation. In CY17, Signs of Safety was implemented statewide. The Division continued to partner with Safe Generations in CY18 and CY19 to assist in the implementation and in building internal capacity to fully integrate and maintain this model statewide.

With the assistance of Safe Generations, the following 2019 support services were implemented:

Practice Leader Development Program (PLDP): Half-day leadership development workshops that were specifically designed for leaders who wanted to build on their skills from the Advanced Practice Workshop and push their learning and leadership to the next level. Each regional implementation wave selected its own small group of 15-20 participants who were dedicated to grow their own practice and then spread and grow the practice of those around them and throughout their 'wave' geography. The same group of 15-20 participants met in-person approximately every 6 weeks for a half day of intense, small-group learning over the course of two years. Everyone was expected to complete "homework" between sessions, and keep a 'learning journal' to record and share reflections throughout the program.

Whole Systems Learning Case: Agency-specific learning cases are an essential element of whole-system implementation. The learning case process involved a cross section of agency staff together with a Signs of Safety consultant acting as advisor, all meeting regularly through the life of a current open case. The group learned together in real time about the use and application of Signs of Safety in practice, while at the same time also learning about the organizational barriers and opportunities to the whole-system implementation within the agency.

Power of Partnership Course (PoP): Each course consisted of twelve facilitated small-group sessions, over a year's time. This also included a facilitator development program. The PoP was intended to give participants the same information/curriculum as the Advanced Training 5 day session.

Manager/Leadership Workshop: This workshop provided training to middle managers, some of whom did not receive the initial two-day overview. This workshop was also intended to provide skills for middle managers to focus on applying the Signs of Safety principles, skills and disciplines through the lens and in the role of leadership.

Investigations Safety Planning: Each session focused on immediate safety planning in a way that created a foundation for long-term safety planning. The audience were staff who completed investigations and assessments.

Senior Practice Leader Development: This workshop prepared practice and implementation leads to take over leading practice development and implementation throughout Missouri, connect front-line practice with statewide implementation, equip the practice leaders to deal with challenges/opportunities across state, and to work statewide to lead teams and people through implementation.

CANHU Leadership/Supervisor Workshop: This workshop assisted in equipping leadership with the skills and knowledge they needed to progress CANHU Signs of Safety Practice beyond information gathering and to build consistency in analysis, judgment and decision-making.

Each region met with Safe Generations to plan 2020 support services to improve staff skill and safety outcomes. Support services for 2020 include:

Developing a Missouri Practice Leader Development Program (PLDP): With the guidance and direction of Safe Generations, we would like to develop a Missouri PLDP. The goal is to cultivate a training/ongoing development process for future and current group supervision leaders

Questions That Make a Difference Online Course: This is an online course developed by Safe Generations. The online course explores the development of questions through Signs of Safety. Questions are everywhere. They shape how we see the world and how we help others see the world. Questions are our sharpest tools to facilitate change. This short course explores different types of powerful questions we can use in our everyday conversations.

Risk Intelligent Screening and Assessment (RISA): An online course that is facilitated by the Children's Division to be used for new employees at Child Abuse Neglect Hotline Unit (CANHU).

(5) Developing and Updating Systems of Technology that Support the Program and Track Reports of Child Abuse and Neglect

Public Consulting Group Evaluation

Due to the unsustainability of the hotline analog phone system and the ongoing challenge of reducing abandoned calls and busy signals, the Department of Social Services (DSS) awarded a contract to Public Consulting Group (PCG) in May 2017 for a comprehensive evaluation of CA/N Hotline technology and overall operations. The primary goal was to purchase an upgraded phone system, with supporting workforce technology, for out-based offices and the main call center office in Jefferson City to operate on a uniform digital phone platform. PCG conducted site visits in June at the Jefferson City and Jackson County offices. After completing a comprehensive review of intake protocols, staffing levels, supervision, training, call data, and phone systems, in October PCG issued the following recommendations: (1) increase staffing levels to handle call volume and meet standard service levels (2) increase training (3) reduce the number of peer record reviews (4) employ strategies to minimize "shrinkage" (5) revise intake protocol to reduce duplication (6) implement a single digital telephony platform throughout the call center; expand call queue functionality; utilize dashboard, callback, and chat features (7) expand operations outside of Jefferson City (8) expand online reporting (9) explore the viability of speech analytics (10) continue refining and revising FACES.

The PCG recommendations began being implemented in October 2017 and extended into 2018. Staffing was immediately increased by the addition of an out-based unit in Greene County with a supervisor hired and trained in October 2017 and four workers hired and trained in November. The Jackson County out-based unit expanded in 2018. There is currently one supervisor and nine team members in the Jackson County office. In Jefferson City, an additional trainer and specialist have been hired effective March 2018 to expand training, review peer record procedures, develop strategies to minimize shrinkage, support the new workforce reports, and to provide support to out-based staff. Plans were already in place to publicize and expand online reporting throughout 2017, and a work group was already underway to review intake protocols including FACES refinements. Cisco Unified Contact Center Enterprise (UCCE) was selected as the new phone platform to meet the recommended requirements with implementation starting in January 2018. The Cisco technology was already in place in the out-based offices, but further enhancements was rolled out in 2018 for the Jefferson City office and any other out-base offices.

In 2018, a CANHU Specialist position was added to the unit. This position served as the Quality Assurance Specialist for CANHU with the responsibility to identify, develop and implement strategies to enhance performance outcomes. This specialist also began working with Teliopli/Calabrio and their Work Force Management Technology. This was implemented with the new phone system. With this technology, the specialist analyzes and interprets call data reports; evaluates unit and worker-specific outcomes, develops coverage plans and prepares performance enhancement plans.

Tableau Technology

Tableau is a data visualization software package that has allowed Children's Division Quality Assurance Unit staff to convert raw data into easily understandable visuals. Using this platform, the Children's Division is able to create data dashboards that contain many related data sets in one easy to view format. This format makes it easy for staff and stakeholders to view and evaluate information around child abuse and neglect reports.

Tableau is now being used to track trends across CAN Measures such as Timely Initial Contact and Overdue Reports by Region. It is also used to visualize the Workforce Capacity in relation to the number of Incoming CAN reports monthly as well as overdue reports Statewide to identify geographical areas that may need additional support measures. It allows management to drill down to circuit level details that compare multiple factors that assist in further evaluation and decision making.

Improvements to the SAQWIS System (FACES)

Changes to the Investigation CPS-1 included the following:

- The option to have "Worker with Worker" contact in the Contact Purpose section.
- The Risk Assessment was made an active screen to allow investigators to document Risk Assessment scores
- On Participant Characteristics screen, under the Involved Party role, "Court Official" was added. When this is selected, "Title" choices should be Circuit Clerk, Attorney, Prosecutor and Judge. In relationships dropdown, added values of Law Enforcement and Attorney.
- FACES Help Desk has added a link for Contact Communication Log on the Investigation and Assessment Monitoring Screen

Preventative Service Referral options on CANHU Protocols screens were updated to include the following:

- Child is exhibiting maladaptive, self-harming, or suicidal behavior which poses an immediate risk of serious injury or death to the child.
- Child is exhibiting maladaptive, self-harming, or suicidal behavior which does not pose an immediate risk of serious injury or death to the child.

Changes were made to the Conclusion Screen including:

- Eliminated all edits for Referrals on the Conclusion Screen. This applies to all referral types. *However for Newborn Crisis Assessments edits were retained on the conclusion for drug exposed infants and mothers.

Changes were made to the legal language section of the CS-21 letter to include the following:

- Will I get notice if the alleged perpetrator appeals the decision?
- If you are a child victim or the parent/guardian/custodian of the child, you will be notified if the alleged perpetrator requests an appeal if the preliminary finding is overturned by the local office or if a CANRB hearing is scheduled.

Online System for Child Abuse & Neglect Reporting (OSCR) site was modified and the following sections were removed from the OSCR Home Screen:

- “Initial Emergency Questions”
- “Should I call the Hotline or report the incident using this online reporting feature? An answer of Yes or Unknown to any of the below questions will require you to call the Hotline.”
- “This site is designed to allow Mandated Reporters the ability to report non-emergency child abuse or neglect to the Missouri Department of Social Services Children’s Division. If the situation is an emergency, please call the Hotline immediately.”
- “Please answer the following questions to determine if you should call the Hotline or report online:
 1. In your professional opinion is the child(ren) at immediate risk of serious harm? Yes No Unknown
 2. Is the child(ren) actively suicidal or recently exposed to an active meth lab? Yes No Unknown
 3. Is there alleged sexual abuse with access to the victim child or any child in the home by the alleged perpetrator? Yes No Unknown
 4. Is there alleged serious physical abuse with access to the victim child or any child in the home by the alleged perpetrator? Yes No Unknown
 5. Is there a child fatality with any suspicious indicators of abuse or neglect? Yes No Unknown
 6. Is the child 18 years or older and in Children’s Division custody? Yes No Unknown

Note: All Newborn Crisis Assessments are emergencies and must be reported by phone to the Child Abuse and Neglect Hotline at 800-392-3738."

OSCR site was modified and the following sections were added on the OSCR Home Screen:

- "This site is designed to allow Mandated Reporters the ability to report non-emergency child abuse and neglect to the Missouri Department of Social Services Children's Division. If this situation is an emergency, please call 9-1-1."
- "The phone number to the Missouri Child Abuse and Neglect Hotline is 800-392-3738."

In addition to the change above the following was updated to changed to:

- Include the case name on the e-mail sent to the mandated reporter;
- Include the option at submission for a PDF file to be printed with the information entered by the reporter;

Other:

The relationship type of "Paramour" was replaced with "Partner" everywhere in FACES where the relationship options exist. All previously existing relationships of "Paramour" will be kept for records unless manually updated in FACES.

(6) Developing, Strengthening, and Facilitating Training

An array of training courses is provided in the areas of intake, assessment, screening, and investigation of child abuse or neglect. New staff completes Child Welfare Practice Training (CWPT) as soon as possible after their hire date. All program lines, including child abuse/neglect investigations and assessments, are covered in CWPT.

For additional information about Program Area 6 and additional collaborative efforts, refer to refer to Current Workforce Demographics (page 33).

Legal Aspects Training

This training includes two, 2.5 day trainings (one focusing on investigations and related activity, while the other focuses more on permanency planning and placement) as well as a comprehensive 4 day training that provides participants with the basics on federal constitutional law involving the rights of parents, children, perpetrators and the state. We explore how these rights impact (1) the CA/N hotline investigative process, (2) placing a person's name on the Central Registry and (3) making recommendation for the removal of children from the home. The trainings include statutory definitions of abuse and neglect and the preponderance of evidence (POE) standard necessary to substantiate a hotline investigation. The training also includes permanency planning concerns such as federal statutes affecting the placement and permanency of children. Trainings also addresses evidence and making presentations to the CANRB from a legal perspective. The Critical Thinking portion of the training is specifically tailored to help investigators and supervisors at key decision-making points in the investigative process, including but not limited to: gathering information, evaluating evidence, making thorough reasoned decisions, and communicating the whole picture.

Employee Learning Center (ELC)

The Employee Learning Center (ELC) is the online portal for professional development. In the center, employees can locate learning options and course calendars, view transcripts and register for classes. The ELC gives employees a convenient place to review learning activities, assessments, and training compliance requirements. The ELC also allows employees to have access to on-line courses that they may complete on their own. There are several required trainings that employees must do on a regular basis, such as employee safety, and they can access these through the ELC at their convenience.

(7) Improving the Skills, Qualifications, and Availability of Individuals Providing Services to Children, Families, and Supervisors

Signs of Safety®

Implement Signs of Safety

In partnership with Casey Family Programs, Missouri began implementation of the Signs of Safety child protection practice model in 2014. The Division has partnered with Safe Generations to assist in implementation and in building internal capacity to fully integrate and maintain this model statewide.

All frontline staff have been trained in the two-day worker overview Signs of Safety training. Children's Division built the internal capacity to provide the training for CY2019 and will continue to increase the number of internal training catalysts statewide in CY2020.

For additional information about Program Area 7 and additional collaborative efforts, refer to Program Area 4 (page 19) Signs of Safety®.

(8) Developing and Facilitating Training Protocols for Individuals Mandated to Report Child Abuse and Neglect

On-line Mandated Reporter Training

The Missouri Task Force for the Prevention of Sexual Abuse has developed free online training for mandated reporters. All mandated reporters are strongly encouraged to complete this training course.

<http://protectmokids.com/>

The training consists of four lessons that can be completed at the participant's own pace:

Lesson 1: Introduction & Legal Requirements of Mandated Reporters

Lesson 2: Indicators of Child Abuse and Neglect

Lesson 3: Plan for Responding to Suspicion, Discovery or Disclosure of Child Abuse and Neglect

Lesson 4: Effectively Reporting Child Abuse and Neglect

The training also has pre- and post-tests. While participants must earn a score of 80% or better on the post-test for successful completion, the test can be retaken to achieve this goal. Participants who score 80% or greater on the post-test have successfully completed the training and may earn 0.5 Continuing Education Units (CEUs).

Recognizing and Responding to Abuse During COVID-19 Crisis

As the COVID-19 pandemic spread across the state, reports to the Missouri Department of Social Service's Child Abuse and Neglect Hotline declined dramatically. When children stay at home, they are isolated from those places where adults often look out for their safety and well-being including schools, child care facilities, places of worship and other public areas. Missouri KidsFirst, the state's network of Child Advocacy Centers, developed resources designed to educate adults on how to recognize and respond to child abuse and neglect. The resources are for the general public, essential workers serving families in grocery stores and pharmacies and delivering goods to homes, and school professionals who are mandated reporters but are working with children virtually or non-traditional ways. They outline signs that a child is unsafe and how to make a report of suspected abuse and neglect to the state hotline. All resources can be accessed here: <https://www.missourikidsfirst.org/protecting-children-from-abuse-during-the-covid-crisis/>

(10) Developing and Delivering Information to Improve Public Education Relating to the Role and Responsibilities of CPS

On-line Mandated Reporter Training

For additional information about Program Area 10 and additional collaborative efforts, refer to Program Area 8 (page 24) On-line Mandated Reporter Training.

Care Portal

For additional information about Program Area 10 and additional collaborative efforts, refer to Program Area 13 (page 27) Care Portal.

(12) Supporting and Enhancing Interagency Collaboration Between the Child Protection System and the Juvenile Justice System

Crossover Youth Initiative

Crossover youth are defined as any youth who have experienced maltreatment and engaged in delinquency and have had any level of contact with either the dependency (child welfare) or delinquency (juvenile justice) systems. These youth have a unique set of risks and challenges and typically require a more intense array of services. The leadership within Missouri's youth-serving agencies is committed to improving both the experiences and outcomes for these youth. The Crossover State Policy Team was formed in 2013 and includes executive leadership from several youth service agencies including the Missouri Supreme Court, Office of the State Courts Administrator, Children's Division, Division of Youth Services, Department of Mental Health, and

the 26th Circuit Chief Juvenile Officer. Through an ongoing partnership with the Center for Juvenile Justice Reform, this team led the initiative to pilot the Crossover Youth Practice Model in four (4) Judicial Circuits, encompassing nine (9) counties and providing technical assistance to two (2) additional Judicial Circuits seeking to improve their practice with this population. This team also developed a shared framework to include the following guiding principles for system change and case level practice related to crossover youth:

- Developmentally Appropriate Interventions as a Stepping Stone to Wellbeing
- Trauma Informed
- Evidence/Science Informed
- Data Driven
- Equitable at the Individual and System Level
- Collective Responsibility

Progress In 2019: Building on the work of Missouri's Crossover Youth State Policy Team, experiences of pilot projects, and ongoing assessment of field practice and outcomes over the last seven years, a workgroup comprised of core youth serving agencies partnered with the Center for Juvenile Justice Reform to begin creating the Missouri Crossover Youth Toolkit. The workgroup brought together central office, regional leadership, and field staff from juvenile justice, child welfare and mental & behavioral health to contribute to the development of the Toolkit. The Toolkit is being designed as a complete best practice guide for child welfare and juvenile justice professionals working with crossover youth. It includes the shared framework for approaching crossover work, steps to implement system changes, a field guide for coordinated case management, and resources for cross training and enhancing front line practice. The State Policy Team also coordinated to pull aggregate data from multiple systems to assess the prevalence of crossover youth in Missouri. These reports are provided on a quarterly basis. A Prevention Workgroup was developed to design and implement a prevention pilot and began meeting in 2019.

System-level goals include the following:

- Ongoing operation of the Crossover Youth State Policy Team to drive the initiative forward through setting vision and providing oversight of implementation of the Toolkit. Team members from several core youth-serving agencies will partner to provide funding to support the state's work with the Center for Juvenile Justice Reform through March 2021, provide aggregate data about this population from multiple agencies, and initiate a pilot project focused on prevention of youth unnecessarily crossing over between systems.
- Completion and roll out of the Crossover Youth Implementation Toolkit to provide training to state and circuit level leadership within juvenile justice, child welfare and mental & behavioral health on the Toolkit's purpose, content, and utility. This will include access to the System Self-Assessment which will empower circuit level teams to identify system strengths and areas where practice change should begin and a complete field guide to implement best practices for crossover youth.
- Create and implement a sustainability plan to ensure ongoing efforts toward best practice. This includes ongoing technical assistance from a multi-agency team, enhancing aggregate data reports to include indicators specific to desired outcomes, annual completion of system self-assessment by circuit level leadership to track

progress, and providing progress updates and ongoing training throughout the juvenile justice and child welfare systems.

There are several outcomes expected through the system-wide changes including a reduction in foster youth who formally crossover to delinquency, increased collaboration among youth-serving agencies, a safe reduction in out of home care, a reduction in the use of congregate care, a reduction in disproportionate minority representation, and improved transitions into adulthood.

Additionally, the Georgetown Center for Juvenile Justice Reform (CJJR) training, consultation, and technical support is provided as a result of a Memorandum of Understanding between the Department of Social Services and the Office of the State Courts Administrator (OSCA).

Challenges

At both the state and community level, the initiative has engaged many participants from a wide range of community partners. Challenges include the multiple, often competing, priorities across youth-serving agencies. Another related challenge involves the level of collaboration necessary to implement substantial sweeping changes to impact practice across youth-serving agencies. Although there is a deep commitment to improving Missouri's youth-serving agencies, changes of this magnitude are coming along slowly, and there are systemic challenges among local jurisdictions that must be addressed for successful implementation. Some of the systemic challenges include ineffective cross-agency communication, role confusion among staff, and poor histories of collaborative work. The Toolkit seeks to address these challenges by identifying shared process and outcome goals and providing a roadmap for the system practice change process whereby all partners have a shared responsibility and clear roles within the practice.

(13) Supporting and Enhancing Interagency Collaboration Among Public Health Agencies, Agencies in the CPS System, and Agencies Carrying out Private Community-Based Programs

CarePortal

Several counties in Missouri are now part of the national CarePortal Network. The Children's Division uncovers the needs of children and families. CarePortal makes local churches aware, giving them a real-time opportunity to respond and catalyzing a connection between church and government to the benefit of children and families.

CarePortal Tier 1 provides the physical need identified by the Children's Division. These needs include physical goods such as a household appliance, cars, rent assistance, clothing or items to care for infants all with the end goal of supporting and preserving families. Children's Division staff submits requests to the electronic CarePortal application and CarePortal staff funnel those requests via e-mail to sponsor churches asking for the need to be met.

CarePortal Tier 2 adds the relational component of the church members partnering with the state to provide services such as mentoring, tutoring, or transportation; needs identified by ongoing caseworker with families.

Active Tier 1 Counties in Missouri: 22

Active Tier 2 Counties: 2

Partner Churches: 288
Outcomes: 7,795 Children Served

Support:

Improve a child's wellbeing: 1,306 children
Strengthen a biological family: 2,579 children
Support youth aging out of foster care: 83 children

Preserve:

Help prevent a child from entering care: 1,032 children
Help preserve foster/kinship placement: 1,162 children
Help preserve an adoptive placement: 45 children

Unite:

Help reunify a biological family: 1,241 children
Help place a child in foster/kinship care: 319
Help unite a child with an adoptive family: 10 children

Impacts: \$2,932,299 million dollars in cost savings to the state.

Support:

Improve a child's wellbeing: \$199,848
Strengthen a biological family: 380,763
Support youth aging out of foster care: \$30,840

Preserve:

Help prevent a child from entering care: \$670,804
Help preserve foster/kinship placement: \$788,604
Help preserve an adoptive placement: \$21,436

Unite:

Help reunify a biological family: \$788,014
Help place a child in foster/kinship care: \$45,857
Help unite a child with an adoptive family: \$5,983

<https://www.careportal.org/impact?impact-area=Missouri>

There are no financial investment from government funds as the Global Orphan Project and the CarePortal are fully funded by private funders and churches. This poses a current barrier to expansion as funding from the state has been requested as the financial structure has changed within the CarePortal. At this time, Children's Division is unable to meet the funding requests, and CarePortal continues to explore other options.

The impacts to families include maintaining stability and providing supports within the child's family home often avoiding removal to foster care. The support provided to relative placements to allow children to reside in familiar surroundings with people with whom they have an existing relationship results in fewer placements for children and more rapid time to permanency through reunification or adoption/guardianship.

Foster Youth to Independence Tenant Protection Vouchers

In 2019, Children's Division began collaboration with the Department of Mental Health, Housing Authorities, and the Continuum of Care to procure the Foster Youth to Independence Tenant Protection Vouchers released by the U.S. Department of Housing and Urban Development. These housing vouchers are designed specifically for youth ages 18-24 who have exited foster care after the age of 16 or are preparing to exit care to independence and are facing homelessness. Applications for each Housing Authority require an MOU between the Housing Authority, Continuum of Care, Public Child Welfare Agency, and Supportive Service Agency. As of April 2020, three (3) MOU's inclusive of thirteen (13) counties have been fully executed and applications submitted. To date, HUD has awarded housing vouchers to two (2) Missouri Housing Authorities. Children's Division is actively working to procure vouchers with additional Housing Authorities inclusive of fifteen (15) counties with plans to expand this effort to a minimum of eight (8) Housing Authorities throughout the state.

Governor's Committee to End Homelessness

The Children's Division maintains a representative on this committee who serves as the secretary. In 2019, the Children's Division Director signed the Governor's Committee to End Homelessness Discharge Policy which deepened the agency's commitment to addressing homelessness among our youth and families. A new policy will be introduced in April 2020 for Children's Division staff to access the Coordinated Entry System (CES) for certain cases where families and older youth are homeless or where housing instability is a barrier to permanency. The CES is Missouri's primary resource to connect people to housing services by providing access points across the state with the primary goal of providing services, no matter where or how people present. This resource allows staff to connect youth and families to Missouri's array of housing services with one referral to an access point.

Also refer to Program Area 2 (page 12) Increase Judicial Engagement and Crisis Intervention Teams.

UPDATE ON SERVICES TO SUBSTANCE-EXPOSED NEWBORNS **SECTIONS 106(b)(2)(B)(ii) and (iii)**

To be in compliance with the requirements of Comprehensive Addiction and Recovery Act of 2016 (CARA) the State of Missouri passed legislation in 2019. The legislation went into effect on August 28, 2019. At this time, Missouri Revised Statute Section 191.737.1 states:

Notwithstanding the physician-patient privilege, any physician or health care provider shall refer to the children's division families in which infants are born and identified as affected by substance abuse, withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder as evidenced by:

1. Medical documentation of signs and symptoms consistent with controlled substances or alcohol exposure in the child at birth; or
2. Results of a confirmed toxicology test for controlled substances performed at birth on the mother or the child.
3. Nothing in this section shall preclude a physician or other mandated reporter from reporting abuse or neglect of a child as required pursuant to the provisions of section 210.115.

4. Any physician or health care provider complying with the provisions of this section, in good faith, shall have immunity from any civil liability that might otherwise result by reason of such actions.

5. Referral and associated documentation provided for in this section shall be confidential and shall not be used in any criminal prosecution.

As mandated reporters, physicians and various other health care providers utilize the Missouri Child Abuse/Neglect Hotline when reporting children born exhibiting signs and symptoms of drug or alcohol exposure, or when positive toxicology test results for controlled substances are received on the mother or child. Physicians or other medical personnel may also request through the Child Abuse/Neglect Hotline a home assessment when having serious reservations about releasing an infant from the hospital to a potentially dangerous situation.

Newborn Crisis Assessments are initially assigned an emergency response time of three hours in which staff must assure the child's immediate safety. Depending on the situation, assuring safety may require immediate face to face contact or may consist of phone contact with the reporter or hospital to confirm the child is safe and to discuss the plan for discharge. If the child's immediate safety is not in question, staff may change the priority response time to 24 hours if approved by a supervisory staff member. During the initial assessment of the family, an assessment tool may be used to gauge the family's plans and abilities to care for the infant upon release. If the child has not yet been released home from the hospital, the assessment includes a recommendation as to whether the infant should be released from the hospital with the mother, father, or other familial caretaker.

After safety is assured, staff begin the full assessment process with the family and those in their safety network, including health care providers, community resources and familial supports. If during the initial assessment of the family, medical personnel or staff identify an infant born being affected by substance use, withdrawal symptoms, or a Fetal Alcohol Spectrum Disorder, a Plan of Safe Care shall be developed with the family. A Plan of Safe Care should address the health and substance use treatment needs of the infant and affected family or caregiver. The plan should be developed with input from the parents or other caregivers as well as any collaborating professional partners and agencies involved in caring for the infant and family. Staff should observe and assess the needs of each member of the family. The Plan of Safe Care should be accurately reflected in documentation. A Plan of Safe Care should be inclusive of the following:

- Parents' or infants' treatment needs
- Other identified needs that are not determined to be immediate safety concerns.
- Involvement of systems outside of child welfare
- Plan that is able to continue beyond the child welfare assessment if a case is not opened for further services.

The Children's Division currently captures the number of infants identified under 106(b)(2)(B)(ii). In SFY2019, there were 5,941 such reports. Of those, 308 infants were categorized as "drug exposed". The system also captures the number of reports where a referral for services is needed. Additions to the Division's policy manual include more guidance on recognizing infants affected by substance abuse, withdrawal symptoms, Neonatal Abstinence Syndrome, and Fetal Alcohol Syndrome Disorder (FASD). Changes have been made to the State's SACWIS system

to reflect if a Plan of Safe Care was developed and if services were referred. The three data reporting criteria are as follows:

- Number of infants identified under the law
- Number of such infants for whom a Plan of Safe Care was developed
- Number of such infants for whom a referral was made for appropriate services including services for the affected family or caregiver.

If at the conclusion of the assessment period it is determined the family would benefit from continued services, a Family Centered Services case is opened with the family to develop an individualized plan to meet the family's specific needs, including supports from other community agencies. A referral to the juvenile court recommending protective custody and out-of-home placement is made at any point during the assessment process or provision of services if the Children's Division can no longer ensure the child's safety.

Missouri's home visiting contract was recently revised to place more emphasis on families also served by the Children's Division. Home visiting is an in-home service designed to assist with the prevention of children entering alternative care by offering additional in-home support for at risk families.

For additional information, refer to Program Area 3 (page 16) Home Visiting.

**AMENDMENTS TO CAPTA MADE BY P.L. 114-22,
THE JUSTICE FOR VICTIMS OF TRAFFICKING ACT OF 2015
SECTIONS 103(9)(a) AND (10) OF THE TRAFFICKING VICTIMS PROTECTION ACT**

Missouri Revised Statute Section 566.223 authorized the Missouri Department of Public Safety to establish procedures for identifying victims of trafficking defined under sections 566.200 to 566.223. The statute provides *"As soon as possible after a first encounter with a person who reasonably appears to a law enforcement agency to be a victim of trafficking as defined in Section 566.200, that agency or office shall notify the Department of Social Services and juvenile justice authorities, where applicable, that the person may be a victim of trafficking, in order that such agencies may determine whether the person may be eligible for state or federal services, programs, or assistance."* The Department of Social Services may then coordinate with relevant state, federal, and local agencies to evaluate appropriate services for victims of trafficking. Such services may include, but are not limited to: case management, emergency temporary housing, health care, mental health counseling, alcohol and drug addiction screening and treatment, language interpretation and translation services, English language instruction, job training, and placement assistance. Missouri's definition of sexual abuse currently ensures that victims of sex trafficking are considered victims of sexual abuse.

Human Trafficking

The 2017 legislative session brought enhancements to the statutory definitions of abuse and neglect that better enable the Children's Division to identify child victims of trafficking:

- Abuse: Any physical injury, sexual abuse, or emotional abuse inflicted on a child other than by accidental means by those responsible for the child's care, custody, and control, except that discipline including spanking, administered in a reasonable manner, shall not be construed to be abuse. Victims of abuse shall also include any victims of sex

trafficking or severe forms of trafficking as those terms are defined in 22. U.S.C. 78 Section 7102(9)-(10).

- Neglect: A failure to provide, by those responsible for the care, custody, and control of the child, the proper or necessary support, education as required by law, nutrition or medical, surgical, or any other care necessary for the child's well-being. Victims of neglect shall also include any victims of sex trafficking or severe forms of trafficking as those terms are defined in 22. U.S.C. 78 Section 7102(9)-(10).
- Care, custody, and control: Those responsible for the care, custody, and control of the child includes, but is not limited to:
 - The parents or legal guardians of the child;
 - Other members of the child's household;
 - Those exercising supervision over a child for any part of a twenty-four hour day;
 - Any person who has access to the child based on relationship to the parents of the child or members of the child's household or the family; or
 - Any person who takes control of the child by deception, force, or coercion.

As a result of these definition changes, a new child abuse and neglect screening criteria were implemented at the Child Abuse and Neglect Hotline Unit (CANHU):

Child(ren) of any age has forcefully or willingly been involved in any type of sexual act in exchange for anything of value, such as money, drugs, shelter, food, or clothes. This includes situations in which a third party profits from the child's sex act. This also includes situations in which the child's basic needs are met in exchange for a sexual act and situations in which the child's parent/caregiver allows, permits, or encourages a child to engage in a commercial sex act. Examples include pornography, prostitution, stripping, and survival sex.

A new reporter description code of Child Sex Trafficking code was added to FACES and the existing reporter description code of Prostitution was discontinued. The addition of this new code provides the ability for staff to make findings specific to child sex trafficking.

The Children's Division has an appointed member to the Missouri Supreme Court's Combatting Human Trafficking and Domestic Violence Commission. The Commission is currently working on finalizing recommendations to the Supreme Court to improve the judicial response to these issues.

To comply with the Preventing Sex Trafficking and Strengthening Families Act, the Children's Division has contracted with Cornerstones of Care to provide Introduction to Human Trafficking Training to all Children's Division and contracted staff. The objectives of this training include being able to define and recognize the scope of human trafficking, being able to identify indicators and people at high risk, identifying resources for potential victims, and learning preventative strategies. Cornerstones of Care continues to provide this training on an as needed basis for new staff and any employee that has not yet received training on human trafficking.

To expand on the Introduction to Human Trafficking training, the Children's Division has entered into a partnership with Greater Kansas City LINC, Inc., who has contracted with a group of human trafficking experts to develop the Advanced Human Trafficking Training curriculum for all Children's Division staff, proposed to be completed by May 2020. This advanced training will further strengthen skills in the areas of identifying, assessing, and engaging child trafficking victims. To directly align with the implementation of the Advanced Human Trafficking Training, the Children's Division has also begun updating policy and developing human trafficking

screening tools to provide guidance to Children's Division staff, as well as contracted staff, as to how to identify and respond to potential victims of child trafficking victims.

Children's Division staff continue to expand their awareness of and response to concerns of human trafficking by developing local protocols within multi-disciplinary teams, collaborating with federal law enforcement agencies for assistance in investigating cases of suspected trafficking, participating in various local human trafficking task forces, and developing local procedures to address youth who run away from foster care.

The Children's Division is also partnering with the Missouri State Highway Patrol and the Texas Department of Public Safety to provide Interdiction for the Protection of Children Training statewide.

JUVENILE JUSTICE TRANSFERS

Twenty-three (23) youth exited Children's Division custody during CY19 with a commitment to the Division of Youth Services within sixty (60) days of the Children's Division custody end date. [Source: DSS Research, Job: SS.VEITVXA.JCL.CD(CAPTADYS)]

CURRENT WORKFORCE DEMOGRAPHICS

A **Children's Service Worker I** is the entry-level child protective service professional position. A Children's Service Worker I who successfully completes their one-year probationary term automatically advances to a Children's Service Worker II classification. Entry-level staff with one or more years of prior experience in the child protective service field with a public or private agency may qualify to enter as a Children's Service Worker II. Qualifications include a Bachelor's or higher level degree from an accredited college or university. A degree in Social Work or comparable human services field is preferred; however, applicants with an unrelated Bachelor's degree, but possessing direct relevant experience and/or competencies may be allowed substitutions on a case-by-case basis.

The operation of a motor vehicle is an essential function of this classification. Must be able to legally operate a motor vehicle in the performance of assigned duties upon the date of hire and throughout employment.

Qualifications for a **Children's Service Worker II** include a Bachelor's degree from an accredited college or university. A degree in Social Work or comparable human services field is preferred; however, applicants with an unrelated Bachelor's degree, but possessing direct relevant experience and/or competencies may be allowed substitutions on a case-by-case basis; and, One or more years of professional experience with a public or private agency in the delivery of protective children's services, including casework/case management in: investigation of abuse or neglect of children; coordination of child foster care, adoptions, and family centered services; juvenile treatment/rehabilitation; and/or providing in-home family crisis intervention services, and possession of a valid vehicle operator's license.

(A combination of graduate education from an accredited college or university in the preferred fields and experience described may substitute for the stated qualifications.)

The operation of a motor vehicle is an essential function of this classification. Must be able to legally operate a motor vehicle in the performance of assigned duties upon the date of hire and throughout employment.

A Children's Service Worker II has the opportunity for advancement to positions of Children's Service Worker III, Children's Service Supervisor or Children's Service Specialist. Promotional opportunities to Supervisor and Specialist positions are based on vacancy and a competitive interview process. Promotion to a CSW III involves an application process with review and approval decision by the applicant's management team and Human Resources.

A **Children's Service Worker III** is qualified by a Bachelor's degree from an accredited college or university. A degree in Social Work or comparable human services field is preferred; however, applicants with an unrelated Bachelor's degree, but possessing direct relevant experience and/or competencies may be allowed substitutions on a case-by-case basis; and,

Three or more years of professional experience with a public or private agency in the delivery of protective children's services including casework/case management in: investigation of abuse or neglect of children; coordination of child foster care, adoptions, and family centered services; juvenile treatment/rehabilitation; and/or providing in-home family crisis intervention services, and possession of a valid vehicle operator's license.

(A combination of graduate education from an accredited college or university in the preferred fields and experience described may substitute for the stated qualifications.)

The operation of a motor vehicle is an essential function of this classification. Must be able to legally operate a motor vehicle in the performance of assigned duties upon the date of hire and throughout employment.

A **Children's Service Worker IV** performs specialized professional social service work, providing targeted and specialized case management with, or on behalf of, children and families in program areas of Investigations/Assessments, Family-Centered Services, and Out-of-Home Care. A CSW IV has the opportunity for lateral transfer to Children's Service Supervisor or Specialist contingent on vacancy, performance history, and competitive interview. Additionally, a CSW IV has advancement opportunities to the position of Program Manager, Program Development Specialist, or Circuit Manager based on vacancy, performance history, and a competitive interview process.

One or more years of experience as a Children's Service Worker III, Children's Service Supervisor, or Children's Service Specialist with the Missouri Uniform Classification and Pay System.

A Bachelor's degree from an accredited college or university. A degree in Social Work or comparable human services field is preferred; however, applicants with an unrelated Bachelor's degree, but possessing direct relevant experience and/or competencies may be allowed substitutions on a case-by-case basis; and,

Five or more years of professional experience with a public or private agency in the delivery of protective children's services including casework/case management in: investigation of abuse or neglect of children; coordination of child foster care, adoptions, and family centered services; juvenile treatment/rehabilitation; and/or providing in-home family crisis intervention services, and possession of a valid vehicle operator's license.

(A combination of graduate education from an accredited college or university in the preferred fields and experience described may substitute for the stated qualifications.)

The operation of a motor vehicle is an essential function of this classification. Must be able to legally operate a motor vehicle in the performance of assigned duties upon the date of hire and throughout employment.

Successful completion of required certification and training as provided by the Missouri Department of Social Services, Children's Division is required within 12 months of employee's date of hire.

The Children's Division restructured the Professional Development and Training Unit from centralized structure to a regional structure. Each region identified local training teams consisting of managers, trainers, and specialists. The regional training teams developed a new training structure that meet their local training needs and incorporated on-the-job training into their training structure.

Jackson

Jackson County operates a five week combination of classroom/field experience training program. New employees begin Child Welfare Practice Training, within two weeks of employment. New workers attend formal classroom training two days every week for five weeks. When not in classroom training, the employee and their supervisors use a "Training Passport" that consists of field experiences, group activities, and field trips to enhance their classroom learning. After the first two weeks of training, Jackson County separates and provides specialized training to new employees along program lines of case management or investigation/assessments. Jackson County Training Region provides a total of 96 hours of on-the-job training and 69.5 hours of classroom training. The Field Support Manager supervising the regional professional development team has oversight responsibility to be sure all new hires receive training timely. Jackson workers become case carrying after the pre-service training is complete.

Jackson County regional training structure currently consists of:

- 13.5 hours of Philosophy and Skills classroom training
This skill based curriculum will introduce the participant to the agency's mission and principals; code of ethics, strengths based practice, Five Domains of Wellbeing, cultural competency, and a variety of family assessment tools.
- 24 hours of On-The-Job Training
- 14 hours of Philosophy and Skills classroom training

This skill base curriculum will introduce participants to critical thinking skills and provide participants the opportunity to practice the use of these skills. Participants will be introduced to Signs of Safety and have the opportunity to practice using this model; participants will learn skills used to work within a team, how to further assess for safety, and how to apply these skills to their fieldwork. Participants will learn basics of report writing and court testimony. Participants will begin to practice obtaining records and maintaining confidentiality.

- 24 hours of On-The-Job Training
- 14 hours of Child Abuse and Neglect or Case Management classroom training
Case Management: This skill based curriculum will strengthen critical thinking skills, and apply them to case management. Participants will get the opportunity to practice interviewing and report writing. Participants will strengthen their knowledge in the Signs of Safety and permanency planning. Participants will be introduced to writing summaries, factual documentation, and court reporting investigations.
Investigations: This skill based curriculum will strengthen critical thinking skills, and apply them to CA/N investigations. Participants will get the opportunity to practice interviewing and report writing. Participants will strengthen their knowledge in Signs of Safety. Participants will be introduced to conclusion writing, factual documentation, and court report writing.
- 24 hours of On-The-Job Training
- 14 hours of Child Abuse and Neglect or Case Management classroom training (including 6.5 hours of automated case management training)
Case Management: This skill based curriculum will strengthen critical thinking skills, and apply them to case management. Participants will get the opportunity to practice interviewing and report writing. Participants will strengthen their knowledge in Signs of Safety and permanency planning. Participants will be introduced to writing summaries, factual documentation, and court reports. Participants will also receive hands on individual experience in entering, updating, and inquiry of CD programs.
Investigations: This skill based curriculum will strengthen critical thinking skills, and apply them to CA/N investigations. Participants will get the opportunity to practice interviewing and report writing. Participants will strengthen their knowledge in Signs of Safety. Participants will be introduced to conclusion writing, factual documentation, and court report writing. Participants will also receive hands on individual experience in entering, updating, and inquiry of CD programs.
- 24 hours of On-The-Job Training
- 14 hours of Reinforcement and Evaluation training
Case Management: In this skill based curriculum staff will display satisfactory casework interviewing skills, identify the proper steps in a permanency planning process, display knowledge of the principles of the normal development of children, display an awareness of and sensitivity to typical reactions of families and individuals to severe environment and inter-personal stress and gather information and individually complete a map or maps using Signs of Safety.

Investigations: In this skill based curriculum staff will display satisfactory casework interviewing skills, identify the proper steps in a case planning process, display knowledge of the principles of the normal development of children, display an awareness of and sensitivity to typical reactions of families and individuals to severe environment and inter-personal stress and gather information and individually complete a map or maps using Signs of Safety.

Northern Region

The Northern Region ensures that each staff member begin the learning process on their first day of hire. They are assigned an “On the Job” Training (OJT) specialist on that day. They meet with their specialist or designee (supervisor/CDWIV/Mentor) immediately and are given a chronological list of their assignments. These assignments include required trainings, timeline of assignments, and any assistance needed to complete assignments. The first training requirements are New Employee Orientation, Workplace Safety and Child Welfare Practice Training (CWPT).

A new staff member is required to shadow identified field work and have daily discussions, as well as submit field observation to the OJT specialist. They are not allowed to be assigned their own caseloads until the completion of the first phases of training and CWPT. Assignments and trainings are tracked by their Specialist or designee for completion. A cover sheet of all required tasks is sent to the Northern Region Training Manager while the physical file/work stays in the office with the employee’s supervisor. This progress is documented the first year during three training meetings held with the participant, OJT specialist, mentor and supervisor. Thereafter, their progress is documented through supervisory conferences and annual evaluations. Training requirements and training plans are kept in their personnel files.

If a supervisor determines that the worker is not progressing sufficiently on the key concepts, the supervisor can fill out an individual request to have a trainer or designee spend “one on one” time with the worker to mentor, teach and model the area of need. Specific tasks assigned to the worker is documented and discussions are had with the supervisor/specialist around the progress made, and recommendations for future work. This helps to ensure that the learning has transitioned from training to the field.

“On the Job New Worker Training” is anywhere from approximately 200 to 240 hours of on-the-job training (not included is the classroom training), which includes structured discussions, activities and shadowing experiences with new staff starting on their hire date. The discrepancy in the hours is because staff who are assigned to Investigations/Assessments are not required to attend Core: Case Management training. New staff is assigned mentors to work with them to complete assigned tasks specific to the Northern Region OJT Guide. This on the job attention continues throughout their first year of employment. Training is provided by a team of 13 OJT specialists assigned throughout the Northern Region. All new hires are required to participate in this training based in their own offices.

There is gradual assignment of work duties given to the new employee as the employee participates in classroom CWPT and exhibits comfort and competency during OJT. Through each phase of new hire training more responsibility is given.

The Northern Region training structure currently consists of:

- CWPT Northern Region Class 1 CD000528 Introduction to Child Welfare Practice – 12 hours
- 2 weeks of OJT, 80 hours
- CWPT Northern Region Class 2 CD000529 Domains of Well Being and Trauma Informed Practice – 18 hours
- 1 week of OJT, 40 hours
- CWPT Northern Region Class 3 CD000530 Signs of Safety Basic Training – 18 hours
- 1 week of OJT, 40 hours
- CWPT Northern Region Class 4 CD000531 Core: Investigations – 18 hours
- 1 week of OJT, 40 hours
- CWPT Northern Region Class 5 CD000532 Core: Case Management – 18 hours
- 1 week of OJT, 40 hours

Phase 1:

The focus of this phase is to introduce trainees to the agency and acclimate them to the offices. Trainees are working on Phase 1 activities from the OJT Guide and can attend/shadow visits and meetings.

Phase 2:

Trainees can attend/shadow visits and meetings and co-facilitate as appropriate with approval/assistance from their specialist/supervisor/mentor. As ready, trainees can enter narratives, assist in developing and writing court reports and referrals, gathering information, and assist in with obtaining investigative or case management information for the assigned case manager. Shadowing experiences and conversations should center around Phase 2 OJT activities which includes the understanding the Five Domains of Well-Being and Trauma.

Phase 3:

Trainees can attend/shadow visits and meetings and co-facilitate as appropriate with approval/assistance from their specialist/supervisor/mentor. As ready, trainees can enter narratives, assist in developing and writing court reports and referrals, gathering information, and assist in with obtaining investigative or case management information for the assigned case manager. Shadowing experiences and conversations should center around Phase 3 OJT activities which includes the understanding and implementing/working Signs of Safety.

Phase 4:

Trainees continue to attend/shadow visits and meetings and co-facilitate case management responsibilities with mentor guidance. After program line training, the supervisor may determine if worker is prepared to assume sole investigative or co-case management responsibilities to include on-call. The supervisor is responsible to determine if and when the trainee is able to increase co-managed caseloads or be assigned as the sole case manager, slowly increasing the number of cases assigned. Phase 4 is the official end of intense OJT/Classroom training but OJT activities are still required to be completed.

Phase 5:

This phase lasts through the first year of the trainee's employment and ends with coming off of probation. Supervisors assume the guidance/direction of trainees and caseloads slowly increase to a standard level. Trainees continue to follow the OJT Guide for Phase 5 which includes involvement in additional training like Psychotropic Medications, Trauma Tool Kit and Legal Aspects as available.

Southwest Region

In the Southwest Region a new class of CWPT starts every 8 weeks. Staff are hired 1-2 weeks before they begin CWPT. The Circuit Managers or office designee enrolls new hires in training. Tracking of the overall process and participation is being done by the clerical support for the regional professional development team and the regional Training Manager.

New caseloads begin to be assigned once CWPT and the worker's OJT are completed. Caseloads are gradually built up to full capacity. Caseloads are assigned earlier when every other option has been exhausted and monitoring and support are provided by supervisors and OJT specialist. If staff competency is demonstrated, a full caseload assignment at one year is generally expected.

Currently the Southwest Training Region is providing the following training structure:

- 40 hours of Field Experience prior to beginning formal training.
- 32 hours of Philosophy and Foundations of Family Centered Skills classroom training.
- 40 hours of Field Experience
- 32 hours of Child Abuse/Neglect Classroom training
- 40 hours of Field Experience
- 32 hours of Case Management classroom training
- 40 hours of Field Experience

Southeast Region

Southeast Region also developed a combination of on-the-job training with classroom curriculum, called Southeast CWPT Basic Skills Training. In the Southeast Region, the expected timeframe in which a newly hired staff should start training is within two weeks of hire, however, some newly hired employees' start dates fall directly at the start of a new training

cycle and others have to wait for the next training cycle to begin. Preferably, one to two weeks prior to Basic Skills training, the worker meets with a member of the professional development team to determine which On-the-Job Coaching (OJC) activities will be completed first.

While a worker is participating in Basic Skills classroom training and OJC activities, the coaches or specialist will determine when the worker is ready to assume co-case management responsibilities, beginning with one case. After five days of field training experience with the first case, supervisor may determine if worker is prepared to assume co-case management responsibilities for a second case. After a worker has had five days of field training experience with the first case, the supervisor will determine worker readiness for assumption of additional case management responsibilities and assign new co-managed cases incrementally based upon a worker's progress. The worker's co-managed caseload may not exceed four cases until Basic Skills Training is complete.

The Southeast Region is providing the following training structure:

- Class 1: Foundation & Beginning Communication Skills, 33.5 hours
- Class 2: Interviewing Skills & Safety/Risk/Evidentiary Evaluations, 28 hours
- Class 3: Family Dynamics & Working with the Family System, 28 hours
- Class 4: SE Systems, 17 hours

St. Louis Region

St. Louis Region offers "Keys to Success", Child Welfare Practice Training for new employees. A new session of classes is offered every two months, allowing newly hired staff to start class within four weeks of being hired, coupled with beginning on the job orientation within the first two weeks, prior to the start of class.

New caseloads begin to be assigned once CWPT and the worker's OJT are completed. Caseloads are gradually built up to full capacity.

St. Louis Child Welfare Practice Training "Keys to Success" consist of:

- 14 hours of CWPT - Keys To Success Class 1: Intro CD Philosophy & Practice
- 6.75 hours of Keys to Success: OJT Orientation
- 28 hours of CWPT - Keys To Success Class 2 CA/N
- 20.25 hours of Keys To Success - OJT CA/N
- 28 hours of CWPT - Keys To success Class 3 Family Centered Services (FCS)
- 20.25 hours of Keys To Success - OJT FCS
- 28 hours of CWPT - Keys To Success Class 4 Foster Care, Out of Home Care (FCOOHC)
- 7 hours of CWPT - Keys To Success CA/N Enrichment Part 1
- 7 hours of CWPT - Keys To Success CA/N Enrichment Part 2
- 20.25 hours of Keys to Success: OJT Alternative Care (AC)
- 7 hours of Systems Keys To Success - CA/N

- 7 hours of System Keys To Success - FCS
- 7 hours of System Keys To Success - AC

Additional training for workers is as follows:

Required Training Course - Workers	Hours	Required by
Legal Aspects for Investigations**	16.5	Following completion of CWPT
Personal Health and Safety Training	1	Within 30 days
Inappropriate computer access	1	Within 6 and 12 months
Social Networking	1	Within 30 days
Results Oriented Mngt ROM	1	Within 30 days
Adoption Function in FACES	1	Within 30 days
Changes to case record maintenance/access	1	Within 30 days
Informed Consent	1	Within 30 days
Active Shooter and Bomb Threat	1	Within 30 days
CQI In Action	1	Within 30 days
Code of Ethics- Self Instruction	1	Within 30 days
Psychotropic Med Mngt Update 2019	1	Within 30 days
Safe care triage, medical expertise and standard of care	1	Within 90 days
Personally Identifiable Info & HIPPA	1	Within 30 days
New Employee Orientation	8	Within 30 days
Workplace Safety	8	Within 90 days
Civil Rights and Diversity Non Supervisors	8	Within 1 year
Leave Track Demo	1	Within 30 days
Drug Free Workplace Act	1	Within 30 days
Employee Handbook	1	Within 30 days
New Employee HIPAA Training	1	Within 30 days
HIPAA & Confidentiality Law	1	Within 30 days
Legal Aspects for Family-Centered Services, Alternative Care, Adoption	16.5	Following completion of CWPT
Heart of Coaching for members	14	Within 1 year

Signs of Safety Basic Training	12	Within 30 days
A Wellbeing Orientation 5 Domains	9	Within 30 days
RSMo Chapter 210 qualifying in-service*	20	Annually
Domestic Violence**	8	Within first year
NCTSN Child Welfare Trauma Toolkit	12	Within 6 months
Introduction to Human Trafficking*	6	Following completion of CWPT
<p>* 210.180. Division employees to be trained. — Each employee of the division who is responsible for the investigation or family assessment of reports of suspected child abuse or neglect shall receive not less than forty hours of preservice training on the identification and treatment of child abuse and neglect. In addition to such preservice training such employee shall also receive not less than twenty hours of in-service training each year on the subject of the identification and treatment of child abuse and neglect. Such annual training shall include at least four hours of medical forensics relating to child abuse and neglect as approved by the SAFE CARE network described in section 334.950.</p> <p>** RSMo Chapter 210-approved in-service training</p>		

A Children's Service Supervisor has promotional opportunities to positions of Circuit Manager, Program Manager, or Program Development Specialist. Promotional opportunities are available based on vacancy and a competitive interview process. One or more years of experience as a Children's Service Worker III, Children's Service Worker IV, or Children's Service Specialist with the Missouri Uniform Classification and Pay System. OR Three or more years of experience as a Children's Service Worker I and/or II with the Missouri Uniform Classification and Pay System. OR A Bachelor's degree from an accredited college or university. A degree in Social Work or comparable human services field is preferred; however, applicants with an unrelated Bachelor's degree, but possessing direct relevant experience and/or competencies may be allowed substitutions on a case-by-case basis; and, Five or more years of professional experience with a public or private agency in the delivery of protective children's services including casework/case management in: investigation of abuse or neglect of children; coordination of child foster care, adoptions, and family centered services; juvenile treatment/rehabilitation; and/or providing in-home family crisis intervention services, and possession of a valid vehicle operator's license.

(A combination of graduate education from an accredited college or university in the preferred fields and experience described may substitute for the stated qualifications.)

The operation of a motor vehicle is an essential function of this classification. Must be able to legally operate a motor vehicle in the performance of assigned duties upon the date of hire and throughout employment.

Leadership Development Rule

The new Leadership Development Rule (LDR) prescribes standards regarding mandatory training for employees in leadership positions within all state agencies. These standards provide a framework for developing and maintaining leadership effectiveness consistent with the mission and needs of each agency. Eight key areas are established for leaders, which includes

all supervisors and managers, to focus on when completing professional development activities. The LDR requires that leaders complete a minimum of 52 hours (an average of at least one hour per week). For new leaders, there will be a specific learning development track identified. While leaders should begin a focus on completing an average of one hour of training each week, formal tracking will begin on July 1, 2020.

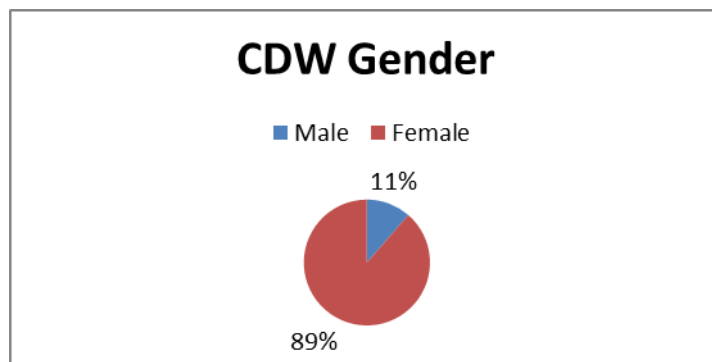
Required Training Course - Supervisors	Hours	Required by
AFCARS Data Accuracy Training	1	Within 90 days
The Heart of Coaching	19	Within the first year
Signs of Safety Advanced Supervisor Training-Part 1	18	Within the first year
Signs of Safety Advanced Supervisor Training-Part 2	12	Within the first year
Staying Power	6	Within the first year
DSS Leadership Orientation	40	Within 90 days
Civil Rights and Diversity for Supervisors	6	Within the first year and every 3 years
Engage 2.0	7	Within 90 days

Caseload requirements are determined by Council of Accreditation Standards (COA). Per COA Standard Public Agency-Child Family Services (PA-CFS 33.12), Case complexity can take into account: intensity of child and family needs, size of the family, and the goal of the case.

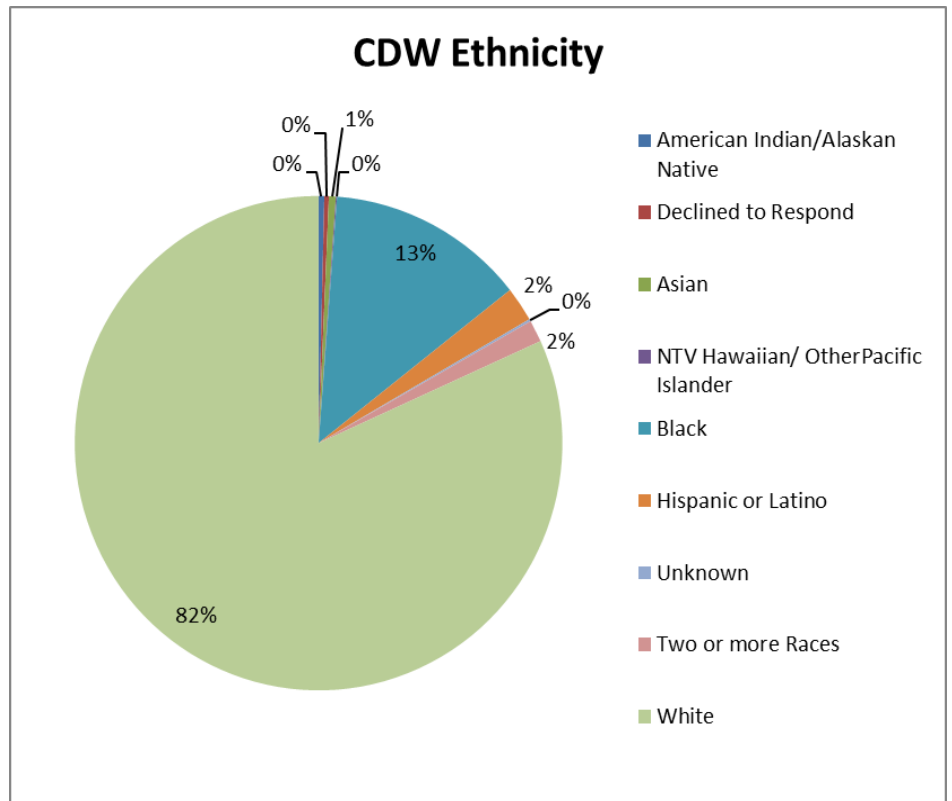
Generally, caseloads should not exceed: 12 active investigations at a time, including no more than 8 new investigations per month; 15-17 families receiving ongoing in-home services; 12-15 children in out-of-home care, and their families; 8 children in treatment foster care, and their families; and 12-25 families when arranging adoptions or guardianships. When workers manage a blend of case types, caseloads should be weighted and adjusted accordingly. For example, a worker conducting 4 active investigations would not simultaneously be responsible for more than 10-11 families receiving ongoing in-home services, and a worker for both children in out-of-home care and intact families would have no more than 15 total families with no more than 10 children in out-of-home care. Caseloads may be higher when agencies are faced with temporary staff vacancies. New personnel should not carry independent caseloads prior to the completion of training.

Children's Division Worker and Children's Service Supervisor demographics:

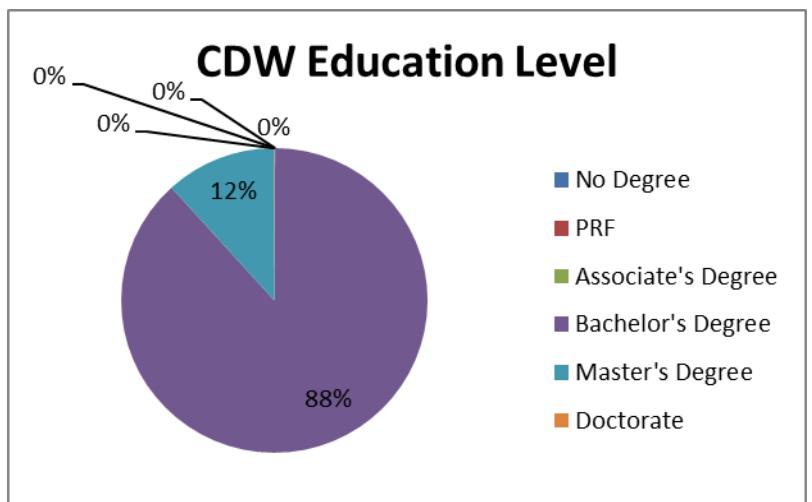
CD Gender	
Male	151
Female	1171
Total	1322



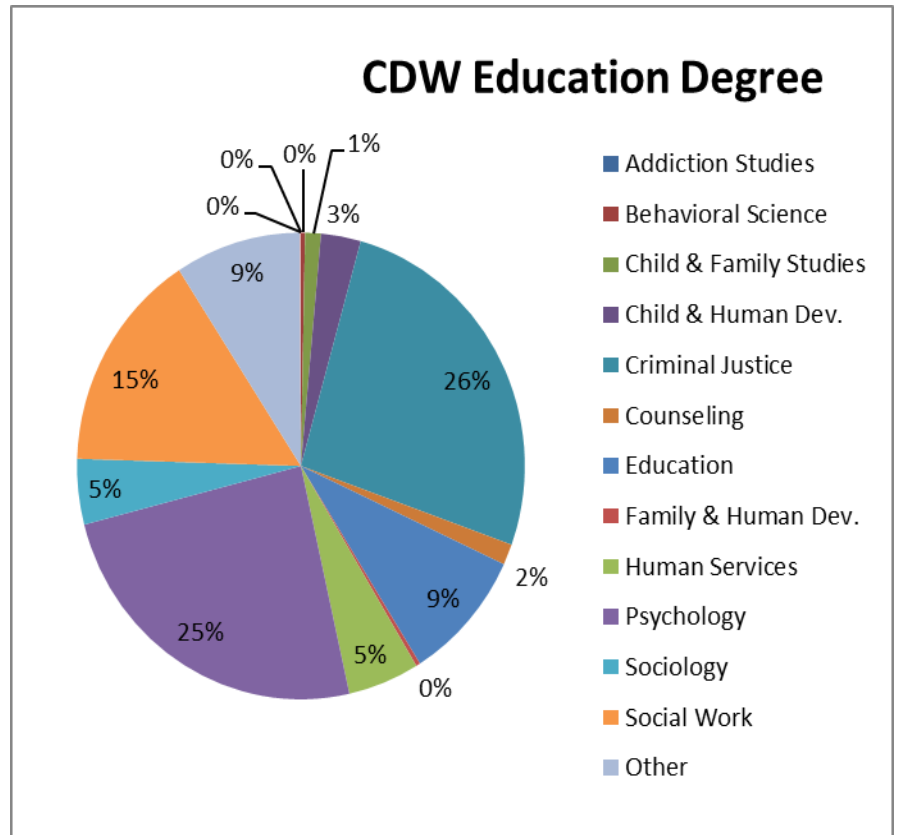
CD Worker Race/Ethnicity	
American Indian/Alaskan Native	5
Declined to Respond	4
Asian	6
NTV Hawaiian/ Other Pacific Islander	1
Black	174
Hispanic or Latino	30
Unknown	2
Two or more Races	19
White	1081
Total	1322



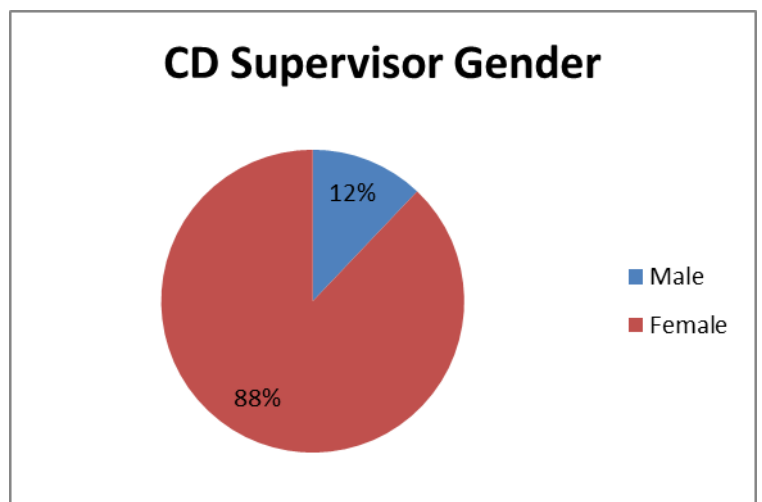
CD Worker Education Level	
No Degree	1
PRF	0
Associate's Degree	0
Bachelor's Degree	1166
Master's Degree	154
Doctorate	1
Total	1322



CD Worker Education Degree	
Addiction Studies	0
Behavioral Science	4
Child & Family Studies	15
Child & Human Dev.	38
Criminal Justice	346
Counseling	19
Education	121
Family & Human Dev.	4
Human Services	68
Psychology	323
Sociology	60
Social Work	203
Other	120
None	1
Total:	1322

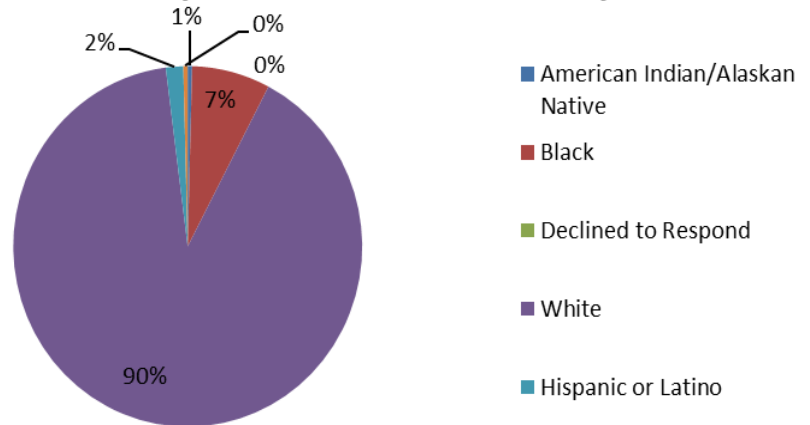


CD Supervisor Gender	
Male	30
Female	218
Total	248



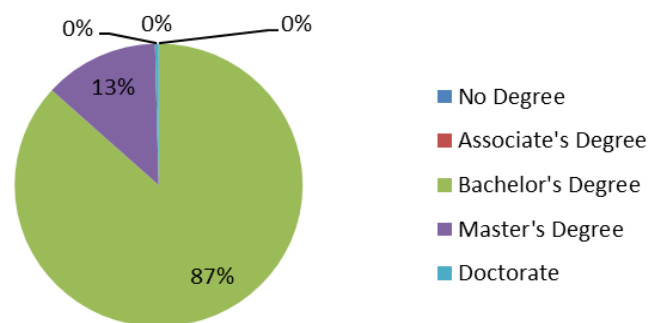
CD Supervisor Race / Ethnicity	
American Indian/Alaskan Native	1
Black	18
Declined to Respond	0
White	224
Hispanic or Latino	4
Asian/Pacific Islander	1
Total	248

CD Supervisor Race/Ethnicity



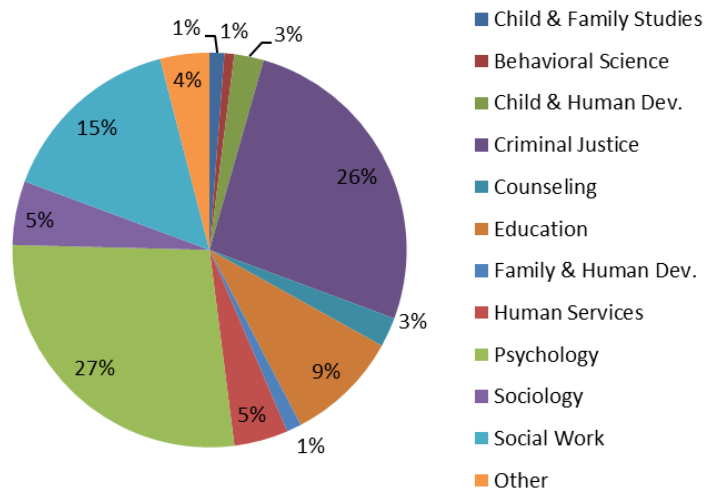
CD Supervisor Education Level	
No Degree	0
Associate's Degree	0
Bachelor's Degree	215
Master's Degree	32
Doctorate	1
Total	248

CD Supervisor Education Level



CD Supervisor Education Degree	
Child & Family Studies	3
Behavioral Science	2
Child & Human Dev.	6
Criminal Justice	65
Counseling	6
Education	23
Family & Human Dev.	3
Human Services	11
Psychology	68
Sociology	13
Social Work	38
Other	10
Total	248

CD Supervisor Education Degree



CITIZEN REVIEW PANELS

SECTION 106(c)(6)

The State of Missouri designates the three teams below as Citizen Review Panels, each meeting the requirements of the Child Abuse Prevention and Treatment Act. The Citizen Review Panel annual reports (Attachments A, B, C), and corresponding recommendations and State responses (Attachment D) follow:

- Children's Justice Act (CJA) Task Force – Attachment A
- Child Fatality Review Program (CFRP) – Attachment B
- Child Abuse/Neglect Review Board (CANRB) – Attachment C

APPENDICES

ATTACHMENT A: Children's Justice Act (CJA) Annual Report

ATTACHMENT B: Child Fatality Review Program (CFRP) Annual Report

ATTACHMENT C: Eliminating Child Abuse and Neglect Fatalities in Missouri

ATTACHMENT D: Child Abuse/Neglect Review Board (CANRB) Annual Report

ATTACHMENT E: State Response to Citizen Review Panel Recommendations

ATTACHMENT A

CHILDREN’S JUSTICE ACT (CJA) TASK FORCE CITIZEN REVIEW PANEL ANNUAL REPORT

Missouri established and has maintained a multidisciplinary Task Force since 1991. The Task Force is comprised of a diverse group of professionals including law enforcement, judges, attorneys, child advocates, court-appointed special advocates, health and mental health professionals, child protection service agency delegates, professionals providing services to children with disabilities, and parent representatives. The Task Force meets at least quarterly. The Task Force seeks a more comprehensive, coordinated, multidisciplinary system which responds to reports of child abuse and neglect, and thus producing a positive impact on the health and safety of Missouri’s children.

The CJA Task Force’s annual report is attached.

ATTACHMENT B

CHILD FATALITY REVIEW PROGRAM (CFRP) CITIZEN REVIEW PANEL ANNUAL REPORT

Missouri law requires child fatalities to be reported to the coroner or medical examiner, regardless of the cause of death and if the death meets criteria, it is reviewed by a county-based panel of child protection professionals in the county of illness/injury/event. During the review process, CFRP panels collect standardized child fatality data which can be used immediately by the community to address needs for services and implement prevention best practices. Statewide data is used to identify spikes, trends and patterns of death requiring systemic solutions and prevention strategies to improve child wellbeing and ensure a safer environment for all Missouri children and families.

The CFRP Annual Report is released each December with the data and findings for the previous calendar year. The 2017 CFRP Annual Report is attached, but may also be viewed in its entirety on the Missouri Department of Social Services webpage at <http://dss.mo.gov/re/cfrar.htm>. This is the most updated report available at this time. For more information on the Missouri Department of Social Services CFRP, please visit <http://www.dss.mo.gov/stat/mcfrp.htm>.

You may also go to <http://dss.mo.gov/re/cfrar.htm> to view the CFRP report dated June 2019 called "Eliminating Child Abuse and Neglect Fatalities in Missouri". This report is also attached to this document. This report is a result of the CFRB sub-committee conducting a case review process of fatalities which occurred as a result of child abuse or neglect beginning with CY2014 in response to the Commission to Eliminate Child Abuse and Neglect Fatalities' recommendation for states to conduct a five-year retrospective review of child fatalities.

ATTACHMENT C

CHILD ABUSE AND NEGLECT REVIEW BOARD (CANRB) CITIZEN REVIEW PANEL ANNUAL REPORT

The Child Abuse and Neglect Review Board (CANRB) provides an independent administrative review of child abuse/neglect determinations when the alleged perpetrator disagrees with the "Preponderance of Evidence" finding of the Children's Division. At the conclusion of each investigation, CD notifies the alleged perpetrator in writing of the finding, of the evidence supporting the finding, and of the alleged perpetrator's right to seek administrative review within sixty days.

The alleged perpetrator can seek administrative review if:

- He or she submits a request for an Administrative Review no later than 60 days from the date he or she received the CA/N Disposition Form Letter for Parents, Non-Custodial Parents, and Alleged Perpetrators (CS-21); or
- He or she submits a request for an Administrative Review within 60 days from the resolution of pending criminal charges.

The administrative review process begins with a local review by the Circuit Manager or designee. If CD's preliminary finding is upheld, the case is referred to the CANRB, and if upheld, may proceed from there to a De Novo Judicial Review at the Circuit Court. If the alleged perpetrator files a timely request, CD cannot list the alleged perpetrator's name in the Central Registry unless the finding is upheld by the CANRB.

The CANRB is a panel of nine private citizens from professions specified in Section 210.153 RSMo (<http://www.moga.mo.gov/statutes/c200-299/2100000153.htm>). Each panel member is appointed by the Governor and confirmed by the Senate. The Children's Division may establish more than one CANRB panel to ensure timely reviews. Currently, there are six boards, each meeting monthly. Three boards meet in Jefferson City, and the other three boards are considered regional boards that meet in St. Louis, Kansas City, and Springfield. The Springfield board was convened in December 2017.

Each board conducts approximately eight-ten administrative reviews each month. The boards decide by majority vote to either uphold or reverse the Division's findings. During the CANRB review, the board hears testimony from the Children's Division, the child's representative (if he/she chooses to participate), and the alleged perpetrator. The alleged perpetrator may be represented by an attorney, but witnesses are not subpoenaed and cross examination is not permitted. If the CANRB upholds the Division's decision, Section 210.152 RSMo allows the alleged perpetrator to seek judicial review in the circuit court of residence within sixty days of notification of the CANRB decision. At the judicial appeal, the alleged perpetrator may subpoena witnesses with the exception of the alleged victim and the reporter. The court may sustain or reverse the decision.

See attached report.

ATTACHMENT D

STATE RESPONSE TO CITIZEN REVIEW PANEL ANNUAL REPORT RECOMMENDATIONS

Children's Justice Act (CJA) Task Force

The CJA Task Force, based on quarterly critical event reviews of cases involving child fatality, near fatality, and serious physical injury, provided Children's Division with recommendations:

(A) Recommendation: The CJA Critical Events Committee recommended Children's Division investigators recognize appropriate collateral contacts during an investigation and interview them to gather additional information that could support a finding.

(A) State Response: The Children's Division, through their own internal reviews, noted that not all appropriate collateral contacts were contacted and interviewed during an investigation. The Child Welfare Manual was updated in 2019 and included additional policy on contacting collaterals during an investigation. A statewide review tool is also in development that will assess the worker's quality contact with appropriate collaterals as well as give guidance to what is considered appropriate and quality based. This is also the responsibility of training of new and seasoned staff and oversight by the supervisor.

(B) RECOMMENDATION: The Task Force recommended that high-functioning multi-disciplinary team be enhanced throughout the State of Missouri. The Task Force recognizes that successful investigation and prosecution of child abuse is a multi-pronged process. Many disciplines must work together to assure that reports of child abuse are adequately investigated, prosecuted, and services are provided to families.

(B) STATE RESPONSE: The Task Force, along with the Children's Division, will seek to collaborate with partners such as the Missouri Office of Prosecuting Attorneys (MOPS) to expand and improve multi-disciplinary team training across the state. It is recognized that turnover in service fields is high and that in rural areas it is more difficult to coordinate such trainings. The Task Force will also be factoring in the need for training in this area when reviewing grant requests. Local multi-disciplinary teams will be encouraged to communicate with their teams to also enhance the relationship of the teams.

Child Fatality Review Program (CFRP)

(A) Recommendation: The CFRP sub-committee that completed a review of child fatalities in 2014 and wrote the 2019 report Eliminating Child Abuse and Neglect Fatalities in Missouri made the recommendation to create a culture of Safe Sleep.

(A) State Response: In an effort to combat sleep related infant deaths, several departments and organizations came together to make up the Missouri (MO) Safe Sleep Coalition with a goal of combining knowledge and resources to ensure consistent, statewide safe sleep education to the citizens of Missouri. The MO Safe Sleep Coalition consists of members from the Department of Social Services, Department of Health and Senior Services, Children's Trust Fund, Infant Loss Resources, Office of Child Advocate, Children's Mercy Hospital, Generate Health St. Louis, Saint Francis Healthcare System, Nurses for Newborns, and SSM Health. The coalition continued to meet on a quarterly basis in 2019 to discuss current safe sleep initiatives and ongoing efforts to support safe sleep education and practices. The Coalition developed a strategic plan and it was approved in 2019. The focus of the Coalition moving forward is on identifying specific action steps within the strategic plan and to begin putting those action steps into practice in order to meet their overall goal, which is creating a safe sleeping environment for infants and to reduce the number of infant fatalities related to an unsafe sleep environment. The Coalition is also close to completing Part 1 of a Safe Sleep Training that can be used by many different departments for direct service providers, as well as the general public. Once Part 1 is completed, the Coalition plans on moving forward with developing Part 2.

Child Abuse/Neglect Review Board (CANRB)

Recommendations were submitted to the Division by all six CANRB panels based on case reviews held during CY19. Though each panel functions independently and submitted recommendations individually, shared recommendations were noted with regard to quality and content of case record submissions to the panel and procedural considerations.

(A) Recommendation: Children's Division staff appear in person to present their case at the CANRB hearing.

(A) State Response: Staff are instructed to attend every CANRB hearing if able. Due to the limited boards across the state, some staff would have to travel multiple hours to attend in person. We offer the phone option to present as to make the most of that staff's work capacity. Due to concerns with COVID-19, hearings were moved to WebEx technology in April 2020. Virtual hearings will continue to be evaluated as the State navigates how business is conducted during the pandemic and beyond.

(B) Recommendation: Include all child advocacy center (CAC), police and school reports, as well as color photographs and video if available.

(B) State Response: In all investigative cases, staff is expected to include any and all reports and evidence received that are related to the investigation. In some instances, the CAC only gives a brief summary of the forensic interview and does not provide Children's Division with a full report. Videos are not always available. Because of the nature of investigations, staff is encouraged to have a law enforcement officer, juvenile officer or medical practitioner take the photographs. The Division tries to ensure photographs are taken whenever relevant and placed in the case record. Circuits are encouraged to meet with their local multi-disciplinary teams to discuss ways to ensure that the Division has all necessary evidence to present to the CANRB. If a police report is not complete at the time the report is closed, staff need to make sure and obtain the report when they have been completed by the agency and include with the case record.

(C) Recommendation: Interview more collaterals in cases to ensure information is gathered from everyone in the home as well as acquaintances of the family, service providers, and other relevant professionals.

(C) State Response: The Children's Division recognizes the need to further train staff in interviewing the appropriate collaterals in an investigation to assist in gathering all information that would be relevant to the outcome

of the investigation. This is also the responsibility of the supervisor to discuss any appropriate collateral contacts in case consultation. We will further evaluate on how to assist staff in recognizing who would be appropriate to interview as a collateral contact.

CONTACT INFORMATION

Missouri CAPTA Coordinator

Cari Pointer
Missouri Department of Social Services
Children's Division
PO Box 88
Jefferson City, MO 65103
660-236-7274
Cari.A.Pointer@dss.mo.gov

Missouri CD Program Manager

Kara Wilcox
Missouri Department of Social Services
Children's Division
PO Box 88
Jefferson City, MO 65103
(573) 522-8024
Kara.B.Wilcox-Bauer@dss.mo.gov